CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PHARMACY update
MULTIPLE CHOICE QUESTIONS

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Business is looking Good

11 January 1997

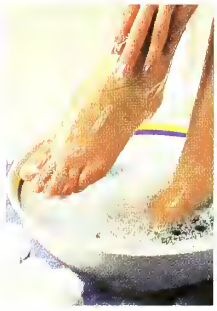
PRS threatened by NHSE advice letter

Welsh Office fudges Sharpe appeal

CPAG faces £2m bill to defend RPM challenge

Update: tuning in to the heart channels

Fighting to maintain healthy feet and legs

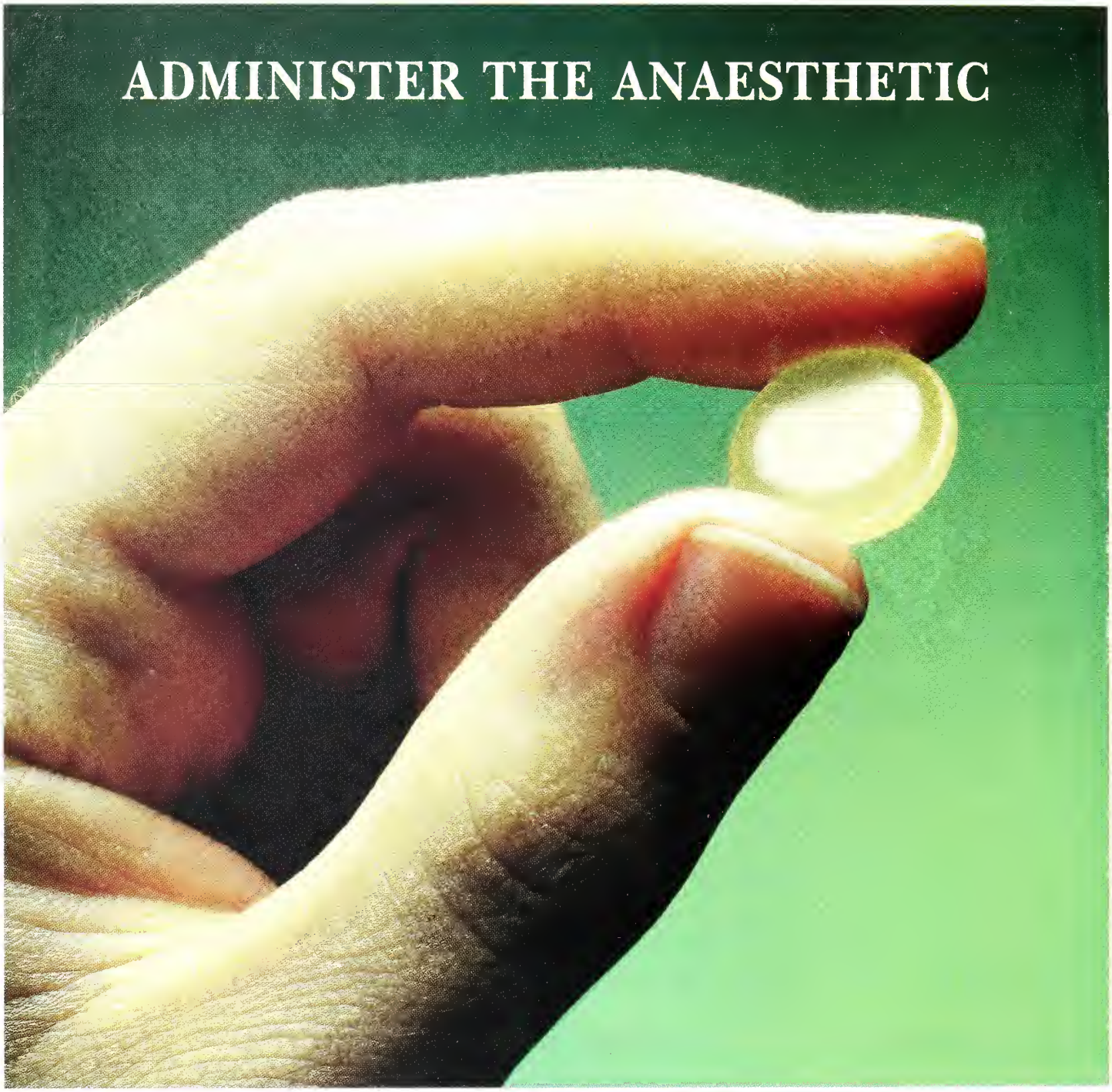


Calming a storm: the customer's always right

Rowland unlocks retail trends for pharmacists

Online at http://www.dotpharmacy.com/

ADMINISTER THE ANAESTHETIC



Many customers always rely on their pharmacist for advice. And when these customers need relief from sore throats, Dequacaine is one of the strongest recommendations you can give.

Dequacaine contains Benzocaine, a powerful local anaesthetic to numb the pain and the antibacterial ingredient Dequalinium Chloride to help fight infection.

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24 Lozenges

Dequacaine

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MAKE DEQUACAINE YOUR POWERFUL RECOMMENDATION FOR SEVERE SORE THROATS

PRODUCT INFORMATION: Throat lozenge containing Benzocaine B.P. 10mg, Dequalinium Chloride B.P. 0.25mg. **Also contains:** Sodium Saccharin, Levomenthol, Racemic Camphor, Peppermint Oil, Benzyl Alcohol, Colloidal Silica, Liquid Sugar, Liquid Glucose, Invert Syrup. **Indication:** For the relief of severe sore thoats. **Contra-indication:** Hypersensitivity to any of the ingredients or to para-aminobenzoic acid and its derivatives. Patients with low plasma cholinesterase concentrations and taking anticholinesterases. **Precautions:** If symptoms persist, consult your doctor. Not recommended for use in pregnancy and lactation except under medical supervison. Should be used with caution in patients with Myasthenia Gravis. **Dosage:** Adults & children over 12 years: one lozenge to be sucked every two hours as required. Do not take more than 8 lozenges in any 24hr period. Not suitable for children under 12 years of age. **Side effects:** Occasional hypersensitivity reactions and Methaemoglobinaemia. **Packaging quantities:** 24 lozenges in a carton. **Legal Category [P] RSP:** £2.25 PL 0327/0063.
Licence holder and manufacturer: Crookes Healthcare Ltd, Nottingham NG2 3AA. Prepared September 1996.

CROOKES HEALTHCARE

Sir Humphrey would have been proud of the way that the Welsh Office has resolved the dilemma it faced in determining the appeal by Gwent pharmacist Allan Sharpe (see p5), for the fact of the matter is that it has resolved nothing at all. Mr Sharpe, it will be recalled, achieved a certain notoriety in 1995 for dispensing NHS prescriptions privately when the cost was less than the script charge. His appeal was against a £550 fine imposed for allegedly breaching his Terms of Service. The case gained considerable media coverage, and the outcome of the appeal has done likewise, with Mr Sharpe cast in the role of the defender of the public's purse. If the Welsh Office hoped that by releasing the outcome of the appeal on December 24 it would be buried over the Christmas break, it was wrong.

What the appeal decision does not do, as Mr Sharpe claims, is open the way for other pharmacists to pursue the same policy. It simply leaves the legal position unresolved: it is still not clear whether dispensing NHS prescriptions privately amounts to a breach of Terms of Service. The Royal Pharmaceutical Society has advised pharmacists that they should not participate in arrangements designed to circumvent NHS regulations – not a lot of help if it is unclear whether the regulations are being circumvented in the first place.

Mr Sharpe has focused attention on what the president of the Society recently described as the "anachronistic" system of NHS script charges. Private dispensing is not a solution to this problem. If it were to become widespread – and there is anecdotal evidence that a substantial number of pharmacists support Mr Sharpe's modus operandi – it is one more step towards back door privatisation of the Health Service. The lack of clear guidance provides further ammunition for a full review of the prescription charge system.

CHEMIST & DRUGGIST

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REGULARS

NHSE warns on script transfer systems

The NHS Executive is warning contractors against entering into agreements with companies offering systems which transfer prescriptions electronically.

In a message to regional heads of communication issued last Friday, the NHSE says: "For the time being, we would ask health authorities to advise NHS GPs and pharmacists not to enter into agreements with any company offering the facility to transfer prescription data electronically, until further notice."

The Department of Health says it does not have sufficient information to be satisfied about systems such as Health Plus offered by Practice Resource Systems (*C&D* September 28, 1996, p416). It says it is aware of the PRS system, but says there may be other such companies and systems.

Among the DoH's concerns are the following:

- maintenance of patient confidentiality and more general data protection requirements arising from the transfer of prescription data
- compliance with the law relating to medicines and with doctors' and pharmacists' Terms of Service
- the interests of the health service as a whole, including, in particular, the continued viability of community pharmacy
- whether such systems make adequate provision for securing professional attention to repeat prescriptions.

PRS managing director Gary Noon says the NHSE is entirely wrong in its comments. The company is reviewing the situation "very seriously".

"We are dealing with extremely innovative technology, and the Department has a duty of care. We are in very constructive discussions with the Department at the moment. I am very positive," he said on Wednesday.

A DoH spokesman says that there will be more detailed guidance in the next couple of weeks to clarify the situation. An Executive Letter is also expected.

Pharmacy bodies have welcomed the NHSE's advice. Royal Pharmaceutical Society head of practice Roger Odd says: "The letter is helpful to pharmacists and health authorities, but the Society is awaiting further information from NHSE."

Pharmaceutical Services Negotiating Committee secretary Stephen Axon says PSNC will be considering the letter, but shares the concerns of the NHSE and the Society.

National Pharmaceutical Association director John D'Arcy says that while the NPA has no problem with the technology involved, it, too, agrees with the DoH concerns.

N Ireland stats ...

There were 1,792,870 items dispensed from 1,085,350 prescription forms in Northern Ireland in October, 1996. The ingredient cost was £16.92 million, (net £15.84m) with a net cost of £18.20m. The ingredient cost per prescription was £8.8335 net and £10.4370 gross.

... and Welsh stats

Just over 36 million prescription items were dispensed in Wales in the year to June 30, 1996, according to the latest 'NHS Wales: Quarterly Statistics' bulletin issued in December, 1996. The rise is 14 per cent higher than in the year to June 30, 1992 (from 32.1m to 36.5m). Generic prescribing rose from 42 per cent to 54 per cent of the total dispensed, over the same period.

Elderly advice

The Lechyd Morgannwg Pharmacy Health Promotion Scheme has launched its fourth advice pack to pharmacists, covering care of the elderly. The scheme, which operates in over half of the pharmacies in Swansea and Neath & Port Talbot, already features oral health, smoking cessation and communicable diseases.

Resource Centre

A Health Information Resource Centre for the NHS and patient groups is to be set up in the spring. A £600,000 contract over three years has been awarded to the Help for Health Trust to provide advice and maintain a health information database. The centre will be based in Winchester.

Paracetamol regulations expected soon

The Department of Health consultation period on the packaging and sale of paracetamol ended this week, and ministers expect to announce new regulations shortly.

It is thought that the paracetamol industry broadly agrees that large pack dispensing of paracetamol should end, and that full information on how to deal with an overdose should be included.

"I think the industry is signed up to the fact that action is required to maintain public confidence in what is – if properly used – an extremely safe product," a DoH spokesman said.

- Ministers are expecting a report shortly by the Royal College of Physicians on the use and control of amphetamine-based slimming pills. The report was commissioned for the DoH to be able to issue new advice on the clinical management of obesity.

Election for W Midlands' PSNC representative

Following the resignation of the Pharmaceutical Services Negotiating Committee representative for the West Midlands, PSNC has announced election dates for Ian McArdle's successor.

Pharmacy contractors who are not represented by the Company Chemists Association or the Co-operative Pharmacy Technical Panel are eligible to stand for election to serve out the remaining term of office until March 31, 1998.

The election timetable is as follows: election notice and nomination forms to be issued by January 9; nomination forms to be returned by noon on January 24; voting forms to be issued by February 7; voting forms to be returned by noon on February 21; results to be announced by February 28.

A 'New Age' conference

A two-day conference on Pharmacy in the New Age is to be held in February at the Royal Pharmaceutical Society.

Sponsored by *Chemist & Druggist* and *Pulse*, the 'Putting Pharmacy First in Customer Healthcare' conference will let health professionals, patients and the pharmaceutical industry respond to the plans outlined in the New Horizon document.

There will be 16 speakers, including industry spokesmen, senior pharmacists and allied health professionals, at the conference on February 27-28, plus parallel private workshops.

Further details from Cynthia Anderson Doble at Miller Freeman, Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1RW. Tel: 01732 364422, ext 2269.

CPAG faces £2m bill to defend RPM

The Community Pharmacy Action Group was to discuss this week how to fund the possible £2 million costs needed to defend Resale Price Maintenance on medicines.

Although the outcome is now in the hands of the courts, CPAG is continuing its PR campaign to reinforce the message that RPM is still worth fighting for.

A £150,000 preliminary hearing, expected this spring, will decide whether a full court hearing is justified. CPAG would then have to find a further £1.2m for the legal costs of a full hearing of the Restrictive Practices Court in the spring or summer of 1998.

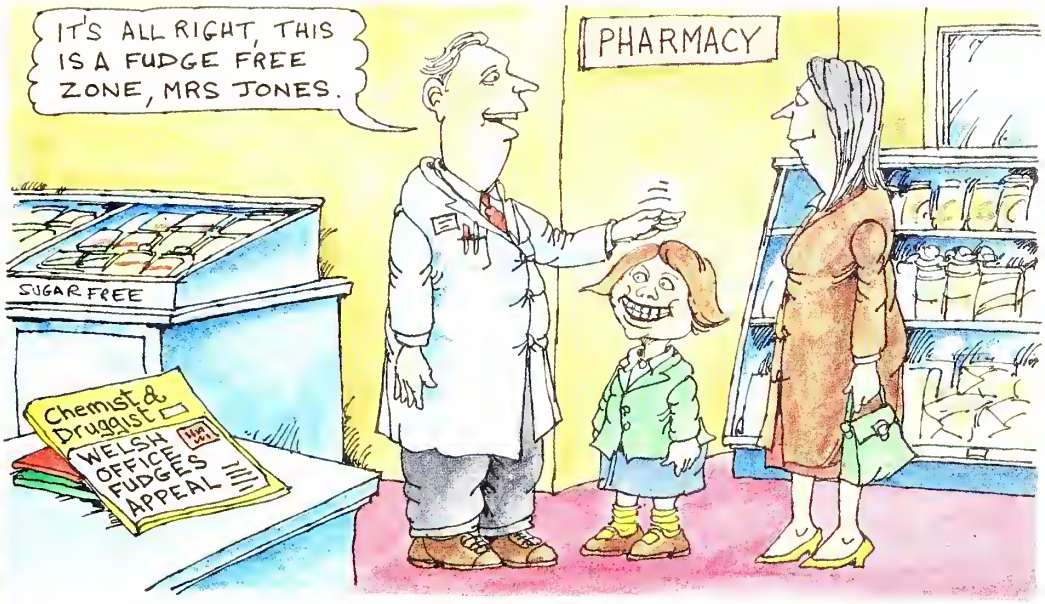
CPAG is funded by the eight pharmacy and proprietary medicines organisations it represents. The National Pharmaceutical Association has already asked members for a £10 contribution towards the RPM legal costs as part of this year's fee.

NPA director John D'Arcy said CPAG would examine its finances this week and consider ways of raising more money if necessary. He did not rule out manufacturers and individual pharmacists being asked for further contributions.

Mr D'Arcy believed a PR campaign was needed to create the right environment of public opinion, keeping consumers and MPs aware of the services that pharmacies offered and the risk of 3,000 closures if RPM fell.

CPAG will be sending MPs a new briefing paper and will try to get statements on RPM incorporated into the three main political parties' election manifestos.

Mr D'Arcy remains convinced that the case for RPM is still as strong – or stronger – than when the Court decided in its favour in 1970.



Welsh Office fudges Sharpe's appeal

Pharmacist Allan Sharpe is claiming victory after the Welsh Office has ruled that a complaint made against him over treating FP10s as private prescriptions is void (*C&D* June 15, 1996, p820).

The secretary of state said he was not able to consider Mr Sharpe's June 1996 appeal against the decision of Mid-Glamorgan Family Health Services Authority to fine him £550 for breach of contract, as the FHSA had not followed the appropriate complaints procedure.

Although the outcome means the fine has been dropped, no clarification on the legal position has been given. The National Pharmaceutical Association is continuing to advise pharmacists not to dispense FP10s privately.

Mr Sharpe, of Newbridge, Gwent, says the secretary of state has fudged the outcome.

"It is a bizarre position, but it clearly indicates that the NHS is backing away from the issue," he says. "It does show that there is very little chance there will be any comeback from the NHS over what a pharmacist does."

NPA director John D'Arcy describes the outcome as disappointing. Although he could not endorse Mr Sharpe's methods, he agrees there are anomalies in the current prescription levy system.

In a letter to Mr Sharpe's solicitors in late December, the Welsh Office outlines the reasons why the secretary of state considers "he has no jurisdiction to entertain an appeal" by Mr Sharpe.

The letter refers to the NHS (Service Committee & Tribunal) Regulations 1992. These state that a complaint generally may only be investigated if it is referred within 13 weeks, or if the practitioner involved or secretary of state consent.

Gwent FHSA referred the original complaint to Mid-Glamorgan FHSA as an independent body, on February 21, 1995. It did not carry out any further investigation after Mr Sharpe stated that he had treated a number of FP10s as private prescriptions on unspecified occasions between 1984 and March 24, 1995.

The Welsh Office also found that Mid-Glamorgan FHSA did not "specifically consider or satisfy itself that the complaint was referred within 13 weeks". The FHSA "lacked jurisdiction to consider the complaint made by Gwent FHSA and its decision is void".

The secretary of state concluded: "There is insufficient evidence to satisfy [him] that Mr Sharpe dispensed an FP10 prescription as a private prescription during the 13-week period immediately before February 21, 1995".

Mr Sharpe had originally argued that the NHS contract did not state that a medicine had to be provided exclusively under the NHS, even if a valid NHS prescription was presented by a patient. He has continued to treat certain FP10s privately since the complaint was first made in 1995.

A spokesman for Gwent Health Authority says it has noted the Welsh Office's response, but will make no further comment.

The Welsh Office points out that the complaint failed as it was out of time, and not because of a change in interpretation of the NHS contract. If a similar dispensing situation arose and a complaint were made, a fresh investigation could be instigated.

Pharmacies go sweet-free in Manchester

Pharmacists in the Tameside area of Greater Manchester are taking part in a campaign to improve the area's dental health.

Tameside NHS Trust is training pharmacists in oral health and is awarding certificates to participants. Dental health educational material is also stocked in the pharmacy.

Fifteen pharmacies in Tameside and Oldham participating in the 'Oral health promotion in pharmacy' scheme have already become 'sweet-free' zones. They have stopped selling sugar-containing confectionery and are promoting sugar-free medicines over those containing sugar.

The scheme has already involved GPs and teachers. Senior dental health officer Sue Fuller says that extending it to pharmacies was a natural progression.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for **Pharmacy Update** modules carried during December:

- Irritable bowel syndrome (35)
- Acne (36)
- Lower back pain (37)
- Myalgic encephalomyelitis (38).

Pharmacy Update is a distance learning programme and is accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply). Alternatively, modules can be accessed on *C&D's* dotpharmacy Internet site (http://www.dotpharmacy.com). A telephone marking service is available for a fee of £12.50 plus VAT. A certificate is issued to verify the number of hours of continuing education achieved.

Pharmacy Update is supported by **Johnson & Johnson MSD Consumer Pharmaceuticals**.

Some POM to P switches effective next week, others delayed

Some proposed POM to P and P to POM switches will not be delayed as long as predicted in *C&D* last week (p4). A new indication for famotidine will come into effect on January 13 and not in April, as stated. The product may then be sold for the prevention of heartburn and indigestion symptoms associated with food or drink, including the prevention of sleep disturbance due to these symptoms.

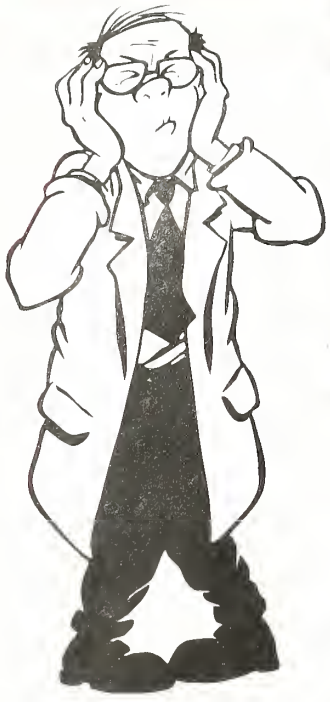
The change is made under the Medicines (Products Other Than Veterinary Drugs) (Prescription Only) Amendment (No 2) Order 1996 (SI 1996 No 3193; Stationery Office, £1.10). The Order also implements the following on January 13:

- amyl nitrite becomes POM except when sold or supplied as an antidote to cyanide poisoning
- mebendazole maximum pack size for P sale increases from 400mg to 800mg
- mebeverine hydrochloride in a maximum dose of 135mg and maximum daily dose of 405mg becomes P for the symptomatic relief of IBS
- the maximum dose for pseudoephedrine hydrochloride on P sale becomes 120mg
- the following are now listed as not Prescription Only: Canesten hydrocortisone cream, Herpetad cold sore cream, Jungle Formula bite and sting relief cream, Soothelip cold sore cream, Timocort hydrocortisone cream 1 per cent, Zaclovir cold sore cream.

The proposal to make terfenadine Prescription Only for children under 12 is not included in the above Order, as the matter is still being considered. A Medicines Control Agency spokeswoman was unable to say when a decision was likely.

The MCA is planning a consolidation of the Medicines (Products Other Than Veterinary Drugs) (Prescription Only) Order 1983 and its amending Orders to take effect in April. It will incorporate the SI3193 changes and is the subject of consultation letter MLX233.

Topical Reflections



Vaccines give me the bug!

This year's flu epidemic has struck with a vengeance and, after affecting me soon after Christmas, has now left me short of staff. But every cloud has a silver lining, and with buoyant sales of winter remedies the bank manager is happy!

I am also very busy in the dispensary, so could do without the inevitable annual panic demand for flu vaccine. Of course, the local surgeries have long since disposed of all their stock at a nice fat profit and, to add insult to injury, one of them even asked me to hold stocks so that their emergency patients could be guaranteed a supply. My reply is unprintable!

But this farcical situation cannot be allowed to continue. This week, I have received a glossy catalogue from the National Pharmaceutical Association, enclosing the latest in recommended refrigerator technology. To comfortably accommodate all my fridge lines and meet the minimum requirements of the Medical Devices Agency for the storage of vaccines, I really need the PE900 277-litre model at the special members' price of £646.58. They must be joking!

I would be a fool to even consider investing that amount on a fridge for no guaranteed return or capital help with the purchase when I know that I am being used as a convenience to stock those few, little used, vaccines that doctors find it uneconomical to keep or to act as an emergency supply system when they run out!

I am incensed at the injustice of a system that expects me to carry the can so that the medical profession can collect an extra fee. With little apparent official progress being made to improve the problem, I am now forced into my own solution.

I will not be buying a new fridge, I will no longer stock any flu vaccines and, in future, I will only obtain them direct from wholesale supply after I have received an FP10. If the doctors object, I will politely suggest that they assume total responsibility, rather than creaming my market!

Is a rural compromise on the cards?

At last, there is a possibility that the problems of dispensing in rural areas can be resolved by agreement. However, this is a situation that has not occurred due to goodwill on both sides. It stems from an acceptance by the previously intransigent medics that the regulations governing pharmacy applications in rural areas are now working against their financial interests.

Having exhausted all reasonable legal process to change the law, the General Medical Services Committee is now being forced into negotiation. A previous suggestion by Gerald Malone, the minister for health, that the so-called rural loophole (which allows new contracts applied for by existing contractors to only have to satisfy the 'necessary' or 'desirable' criteria) be traded off against the offensive opening of rural dispensing practices in thriving market towns could become grounds for negotiation.

I consider it does no credit to the medical profession that it has to be dragged kicking and screaming to the negotiating table, but if the threat of the 'rural loophole' is sufficient to produce an agreement that ensures the comprehensive availability of pharmaceutical services to the whole community, then I will be happy.

Shop window for health

I was pleased to see that a study in Ealing, Hammersmith & Hounslow has found that using pharmacy window displays to disseminate health education was successful in raising public awareness (*C&D* January 4, p4). I have always considered my shop window to be the most valuable of marketing tools and carefully assess the potential return before committing any part of the display to a particular promotion.

Community pharmacies are an ideal source for health education information, but the present method of regular leaflet distribution only encourages the barest tired display of leaflets sufficient to meet the minimum requirements for the payment of the practice allowance. Far better that a properly-remunerated, co-ordinated and targeted campaign be organised locally, when the true potential of the community pharmacy could be realised.

Status quo for global sum?

The health minister Gerald Malone has given the Pharmaceutical Services Negotiating Committee (PSNC) a non-committal response to its concerns over funding any new services which may arise from the Primary Care Bill.

In a letter to PSNC chairman Wally Dove, Mr Malone says that, with reference to Part II pharmaceutical services, "nothing Stephen Dorrell or I have said in the context of this Bill is intended to pre-empt pay negotiations in future years. The size of the pharmacists' global sum and the services it is used to fund will, as now, remain the subject of consultation between the Department and the PSNC at the appropriate time."

Mr Malone says that the Government has made it clear that the provision of any new service will have funding implications. "We can already use a range of contracting mechanisms for such services depending on their relative local or national priority."

He points out that services already exist within a local context which are paid for out of health authority or GP budgets.

"These types of funding do not impact on the global sum. One intention of the Bill is to allow community pharmacists to make NHS-style contracts, which will remove the barriers to setting up such services with health authorities."

Primary Care Bill returns to Commons

The NHS (Primary Care) Bill will complete its final report stage in the House of Lords on January 13.

The Bill is expected to survive its passage through the Lords more or less intact, but Labour will attempt to make amendments when it returns to the Commons later this month.

Shadow health secretary Chris Smith has promised to oppose measures which would allow pharmacists and other companies to provide family doctor services, claiming they amounted to privatisation.

Sources close to health secretary Stephen Dorrell remained confident the Bill would have a smooth passage, and that it would become law towards the end of March.

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SCRIPTspecials

Rapid results with Rapiject

Evans Medical has introduced the first pre-filled syringe format of morphine sulphate, giving patients greater control over their analgesia.

Rapiject, designed for use with a syringe driver, comes in 50ml pre-filled syringes of 1mg/ml or 2mg/ml. The syringes are compatible with the Graseby 3300 and the IVAC patient-controlled analgesia pumps. A patient information leaflet has been produced to support the product.

Evans Medical Ltd. Tel: 01372 364000.

New antimicrobial emollient from Dermal

Dermal Laboratories has launched Dermol 500 Lotion, an antimicrobial emollient for dry and itchy skin conditions complicated by secondary infection.

The product contains the antimicrobials benzalkonium chloride 0.1 per cent w/w and chlorhexidine hydrochloride 0.1 per cent w/w in a liquid paraffin, and isopropyl myristate emollient base.

It is effective against *Staphylococcus aureus* infections, as well as secondary infection which is caused by scratching. The emollient is particularly beneficial in eczema and dermatitis, where it can also be used as a soap substitute.

A Pharmacy product, Dermol 500 Lotion comes in a 500ml bottle with pump dispenser (basic NHS price £6.79).

Dermal Laboratories Ltd. Tel: 01462 458866.

Exclusive ranitidine offer from Hillcross

Hillcross customers are being given the chance to obtain generic ranitidine five months before it officially comes off patent.

This is a result of a partnership deal between the brand owner, AAH Pharmaceuticals, and Generics UK.

From February, Hillcross ranitidine will be available in 150mg (60, basic NHS price £28) and 300mg tablet form (30, £28).

However, because supply is expected to only meet a third of generic prescriptions, AAH has devised a supply system based on a 25 per cent allowance.

This means that for every £100 spent on Hillcross products the customer will be entitled to spend £25 on ranitidine the following month.

AAH's marketing manager, David Watkinson, comments: "Over the coming months, we will keep our Hillcross customers informed about availability and ensure that they have access to as much stock as possible, while being fair to all other Hillcross users."

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

Hangovers: will the guilty party please stand up?

Alcohol is no longer the only culprit in the dreaded hangover. Personality may also be a factor.

In an editorial in the *British Medical Journal*, consultant anaesthetist Ian Calder says that ethanol itself is thought to play only a minor role in producing the familiar symptoms of hangover, with up to half of drinkers not experiencing any problems after being intoxicated. Instead, psychosocial factors, such as guilt about drinking and a neurotic personality, have been found to be better predictors of the condition.

Mr Calder believes the primary culprits are, in fact, congeners, complex organic molecules, such as methanol and histamine, which are found in varying amounts in alcoholic drinks.

Another idea is that it is the metabolism of methanol to formaldehyde and formic acid that leads to hangover. So blocking the pathway with a small dose of ethanol may prevent the problem and provide an effective cure.

Lipitor from Pfizer

Lipitor (atorvastatin), featured in last week's *C&D*, is distributed in the UK by Pfizer and is expected to be available from the end of January. Studies have shown that at a starting dose of 10mg daily Lipitor reduced LDL cholesterol by 41 per cent and by up to 61 per cent in higher doses. Lipitor is also licensed for use in a wider range of lipid disorders than other statins currently available.

Pfizer Ltd. Tel: 01304 616161.

Price check

Entocort Enema from Astra Pharmaceuticals carries a basic NHS price of £30 for a pack of seven enemas and not as stated in last week's issue. Xalatan eye drops from Pharmacia & Upjohn has an NHS price of £16 per bottle.

Klaricid XL

Abbot Laboratories has introduced Klaricid XL tablets, clarithromycin 500mg in a modified release preparation for once-daily dosing. The tablets are available in blister packs of seven and 14 tablets (basic NHS price £11.24 and £22.48 respectively). Klaricid XL is not licensed for the eradication of *H pylori*.

Abbot Laboratories Ltd. Tel: 01628 773355.

Imigran Nasal Spray

Imigran Nasal Spray, a new formulation of sumatriptan, has been cleared for regulatory approval under the European Commission's mutual recognition procedure in 12 countries, including the UK.

Glaxo Wellcome UK Ltd. Tel: 0181 990 9000.

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COUNTERpoints

Gaviscon Advance goes for the burn

Reckitt & Colman has introduced a new improved variant to its well established Gaviscon brand.

Gaviscon Advance, a Pharmacy product which is also available on the NHS, contains sodium alginate 1,000mg and potassium bicarbonate 200mg in each 10ml dose.

The dose for adults and children over the age of 12 is 5-10ml after meals and at bedtime. Children under 12 should only be given Gaviscon Advance on medical advice.

According to Reckitt & Colman, the formula is superior to standard Gaviscon – twice as much alginate and less than half the sodium content – and is of particular benefit against reflux oesophagitis and heartburn.

Gaviscon Advance is available in OTC bottles of 140ml (retail £3.90) and 500ml dispensing bottles (NHS basic price £5.40).

The launch is being supported with a £2.5 million national TV spend.

Reckitt & Colman Products. Tel: 01482 326151.

Strepsils' Irish connection

During the peak cold care months of January and February, Crookes Healthcare is launching a promotion aimed at educating the pharmacy assistant about the 'efficacy and pleasant, minty taste' of Strepsils Dual Action lozenges.

The promotion, 'A Taste of Ireland', encourages pharmacy assistants to taste the lozenges and enter a competition to win prizes of a visit to Dromoland Castle, Ireland, and bottles of Bailey's Irish Cream.

Crookes is also offering the pharmacist a free 'Throatcare Power Pack' for certain product orders.

Crookes Healthcare Ltd. Tel: 0115 953 9922.

No rest for Panadol Night!

Smithkline Beecham will be supporting Panadol Night with £1.3 million of television advertising – just part of a £2.3m launch package – from mid-January.

The TV campaign will run for six weeks nationally, and will be supported by consumer press advertising in women's weekly magazines.

Targeted to reach 85 per cent of housewives during its run, the ad features the well known Panadol elephants, symbolising the brand's strength and gentleness. It also encourages consumers to 'Ask your pharmacist for Panadol Night'.

A limited number of window units will be available for point of sale use.

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

New advertising for Topaz condoms

The Jenks Group is supporting Topaz, its male condom, with advertising in leading consumer titles.

The ad uses the catch 'Smart Condoms for Clever Dicks' and will appear in mainstream fashion and style publications. It highlights the condom's removable applicator ring and its hygienic packaging.

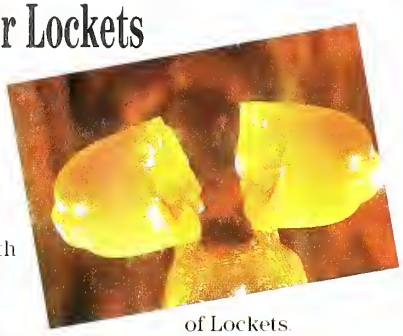
Jenks Group. Tel: 01494 442446.

New campaign oils wheels for Lockets

Mars Confectionery is supporting its best-selling medicated confectionery brand, Lockets, with new television advertising, entitled 'Metallica'.

The £1.4 million campaign will run on ITV, Channel 4, satellite (Sky, VH-1 and Granada Sky) and Carlton Cable until early February.

The commercial uses the analogy of a 'Metal Man' with a rusted throat and nasal passages to demonstrate the double action formula of Lockets.



Mars Confectionery Ltd. Tel: 01753 550055.

Colgate aims to keep on top of teeth

Colgate-Palmolive has invested £19.6 million towards reinforcing its position as the leading oral care company this year.

Media coverage begins with a national press advertising campaign for Colgate Plax mouthrinse and a national TV and poster campaign for Colgate Total toothpaste.

Television coverage for the toothpaste will be from January 20 featuring the 'Orchestra' ad, which highlights the round the clock protection of Colgate Total, and the 'Wedding' execution, which focuses on the Colgate Total Fresh Stripe variant. The ads will also include five-second executions for Colgate Total toothbrushes.

Colgate Plax advertising starts this month until April using the red and white 'Plax Worx', 'Plax Protex' and 'Plax Attax' executions.

Colgate-Palmolive Ltd. Tel: 01483 302222.

Diflucan One gets TV exposure

Pfizer Consumer Healthcare is supporting Diflucan One, its one-capsule oral treatment for vaginal thrush, with a £600,000 television advertising campaign in the London area this month.

The ad features a thrush sufferer meeting and dining with a girlfriend in a restaurant. It highlights the discretion, convenience and speed of starting treatment offered by Diflucan One.

The campaign will be screened on ITV, Channel 4, GMTV and cable channels. It is claimed that it will be seen at least three times by more than two-thirds of 20-35-year-old ABC1 women in the London area.

Pfizer will support the brand through advertising in women's magazines throughout this year and will be rolling out the television campaign to other regions during the summer.

The total marketing programme for the product is valued at £3 million. In addition to press and TV advertising, Pfizer will be offering new window display kits, along with counter display units and leaflets.

The company is also running a window display competition, with mystery shoppers awarding £100 Marks & Spencer vouchers to the best display in London.

Pfizer Consumer Healthcare. Tel: 01420 84801.

Unichem's practical parenting guide

Unichem's healthcare theme for January focuses on children's ailments. It is supported by window posters and a specially-developed leaflet which offers tips to parents on how to ease minor childhood ailments.

The leaflet encourages parents to turn to their local independent pharmacist as a first-line healthcare provider, as well as helping them to identify minor symptoms before turning to their doctor. It also gives consumers a guide to the most effective remedies available at their local pharmacy.

Discounts will run on the company's own-brand products, as well as on leading brands from Whitehall Laboratories, Warner-Lambert and Reckitt & Colman. Discounts will also be available on selected children's own-brand remedies, including decongestants and pain relief products.

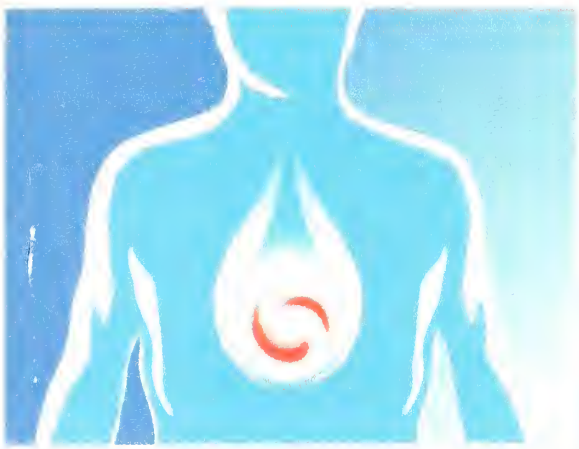
Unichem plc. Tel: 0181 391 2323.

NEW GAVISCON ADVANCE

Make the most of the big change to the No. 1 OTC heartburn brand!

FAST • STRONG • LONG LASTING

GAVISCON ADVANCE



Effective Relief from Heartburn and Acid Indigestion

Reckitt & Colman

New Gaviscon Advance gives effective relief in 84% of sufferers[1] by providing a stronger, longer-lasting barrier to the pain of heartburn than Liquid Gaviscon[2].

It has been designed to help you get even more out of the profitable heartburn market, and with Gaviscon sales growing by 12% last year it's an opportunity not to be missed.

New Gaviscon Advance is available as a pharmacy-only product in 140ml (OTC) and 500ml (NHS dispensing) sizes.

And with a £2.5 million National TV spend, you won't be short of customers!

Peel off and see how you can win £100 worth of PC World computer vouchers!

To celebrate the launch of New Gaviscon Advance, we're offering 5 prizes of £100 of PC World computer vouchers to the winners of our Advance Advantages Competition. To find out how you can win, see the back of the sticker.

IMPROVED FORMULA

GAVISCON ADVANCE

sodium alginate BP, potassium bicarbonate USP

Advanced formula for heartburn

Rules and Regulations:
1. This competition is only open to UK pharmacists and pharmacy assistants. It is not open to employees of Reckitt & Colman Products Limited, nor their families, nor their agents. 2. All entries must be on an official entry form. Only one entry per person is allowed. 3. All entries must be received by 30.3.97. 4. The senders of the first five correct entries will win £100 of PC World computer vouchers. 5. The winners will receive their prizes by 27.4.97. 6. The names of the winners will be available from Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS. The judges' decision is final. No other correspondence will be entered into. 7. All entries shall become the property of Reckitt & Colman Products Limited, and will not be returned. 8 No cash alternative is available. 9. The winners may be required to take part in a publicity event. 10. Entry to this competition implies acceptance of all of these conditions.

Gaviscon Advance Essential Information
Gaviscon Advance Active Ingredients: Sodium alginate BP 1000mg and potassium bicarbonate USP 200mg per 10ml dose. **Indications:** Gastric reflux, reflux oesophagitis, heartburn including heartburn of pregnancy, hiatus hernia, flatulence associated with gastric reflux. All cases of epigastric and retrosternal distress where the underlying cause is gastric reflux. **Dosage Instructions:** Adults and children over 12: 5-10ml after meals and at bedtime. Children under 12: Only on medical advice. **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions and warnings:** 10ml liquid contains 4.6mmol (106mg) sodium and 2.0mmol (78mg) potassium. **Side-effects:** Very rare hypersensitivity reactions. **Retail price:** 140ml £3.90. **Marketing Authorisation:** 0063/0097. **Supply Classification:** Pharmacy Medicinal Product. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. Gaviscon Advance and the sword and circle symbol are trademarks. Date of preparation: 18 December 1996. **References:** 1,2. Data on file, Reckitt & Colman Products Limited.

Reckitt & Colman Products Limited

Energy-boosting Red Kooga Co-Q-10

English Grains Healthcare has extended Red Kooga Ginseng with the launch of Red Kooga Co-Q-10 and Ginseng.

Co-Q-10 is a member of the 'ubiquinone' family – naturally-occurring materials found in every living cell in the body which help to convert food into energy.

Packaged in blister packs of 32 tablets, the product combines 600mg of ginseng with 30mg of Co-Q-10. It retails at $9.99.

The Red Kooga range is currently being supported by a $400,000 promotional campaign, including national advertising and public relations through the women's press.

English Grains Healthcare.
Tel: 01283 228300.

Your Body extends to your lips and your eyes

Following the launch of its aloe vera, and vitamin E skin and hair care products, Your Body has introduced a new Lip and Eye Care range.

Fruit-flavoured moisturising lip balms for chapped lips (15g glass jar, £1.99) come in six flavours – morello cherry, kiwi fruit, orange, strawberry, banana and apricot. They contain shea butter and lanolin to help prevent dryness.

Elderflower Eye Gel (15g glass bottle, £2.49) is a cool, unperfumed gel containing elderflower to help refresh and revitalise dry, tired eyes and help reduce puffiness.

Wheatgerm Oil Eye Cream (15g glass bottle, £2.99) is a rich, unfragranced nourishing cream containing the natural oils of wheatgerm and jojoba, together with shea butter.

The formulations are not tested on animals, nor do they contain animal products.

The ranges are supplied in counter and shelf display units and a range of POS material is also available.

Your Body Ltd.
Tel: 0181 808 2662.

ON TV NEXT WEEK

Advil: C4, BSkyB

Beechams: All areas except U

Benylin Cough: All areas

Benylin Four Flu: All areas

Canesten: LWT, CAR

Day & Night Nurse: All areas except U

Head & Shoulders: All areas

Lockets: All areas

Meltus: STV, B, G, Y, C, CAR, GMTV

Mu-Cron: U, B, G, Y, C, M, CAR, TT, GMTV

Night Nurse: All areas except U

Nurofen Cold & Flu: All areas

Nytol: All areas

Pantene: All areas except GMTV

Setlers Wind-Eze: All areas

Solpaflex: All areas except U

Strepsils Dual Action: All areas

Wash & Go: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, GMTV Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Here's to the Champ!

Caralon is launching Champ, a new range of hot and cold compression bandages, in the UK from February 1.

Microwaveable hot wrap (large, $8.50 and small, $5.50) helps to provide instant moist heat in as little as 60 seconds, while cold wrap reaches -5°C by simply snapping the pack. Both are held in place by a velcro fitting compression bandage.

Hot Mit ($14.95) is also microwaveable. Worn like a glove, it offers relief for arthritic or rheumatic pain.

Chemist Brokers Ltd.
Tel: 01705 219900.

Kodak's new decision-free photography!

Kodak is launching a new-generation of easy to use cameras, designed for simplicity.

The KB range launches in mid-January with its entry-level model, the

KB10 35mm ($16.99). It features a large viewfinder, easy to use film counter and 'flash every time' facility. It also comes with the new Kodak Photolife batteries.

A correct film loading confirmation means that there are no missed pictures due to loading errors. In fact, the camera will not allow you to take photographs unless the film is properly loaded.

The KB10 is available in either a blister pack for self-selection or boxed for on-shelf display.

Kodak Ltd.
Tel: 01442 61122.

LEMSIP POWER+ Active ingredients: Ibuprofen 400mg an Pseudoephedrine HCl 60mg

Essential Information

Ingredients: Each sachet contains ibuprofen Ph. Eur. 400mg and pseudoephedrine HCl BP 60mg in a base containing aspartame and sodium saccharin. Each sach contains 1.6g sugar. **Indicatio** Flu and heavy colds. **Dosage and directions:** Adults and children 12 and over: one sac dissolved in hot not boiling water. One sachet every 4 hours. No more than 3 sachet in 24 hours. Children under 1 not recommended. **Contra-indications, warnings etc:** Ibuprofen should be avoided patients with a stomach ulcer other stomach disorder. LEMS Power+ is not recommended patients who are taking or ha recently taken MAOI drugs. Patients with phenylketonuria should not take this product. Patients receiving regular medication, asthmatics, diabetics, anyone allergic to aspirin or other NSAIDs, pregnant women and anyone who has been told to keep to low salt diet should consult th doctor before taking this medicine. Pseudoephedrine may interact with antihypertensives and other sympathomimetics. Use with caution in glaucoma. It should not be used by patients suffer from severe coronary heart disease, hypertension or who are allergic to pseudoephedri In pregnancy, use only on doctor's advice. In certain people, reactions such as dry mouth or restlessness may occur. **RSP price:** 10 sachets, £4.19.
Marketing Authorisation: 63-0082. **Holder of Marketin Authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS. **Legal status:** P. **Date of preparation:** September 199

Reference
1. Data on file, Reckitt & Colm Products Limited
LEMSIP POWER+, LEMS and ⓘ are trademarks.

ⓘ Reckitt & Colman Products Limite

Fast acting relief
for severe colds and flu

Power in
a hot drink

Reckitt & Colman Products Limited

Promoting health in 1997

Here are details of the known health promotion events for the year. The information has been provided by the Health Education Authority. This year is also part of the United Nations' Decade against Drug Abuse

January

31: Bug Busting Day

March

1-30: Go Veggie Month
8: International Women's Day
12: No Smoking Day
22: World Day for Water
31-April 6: Eye Safety Week

April

5-13: Parkinson's Awareness Week (Parkinson's Awareness Day on 11th, Pedal for Parkinson's on 6th)
6-13: Lupus Awareness Week
7: World Health Day
12-21: Arthrogryposis Group's Appeal and Awareness Week
12-20: Cystic Fibrosis Week
23: Defeat Depression Campaign Action Day
27-May 4: Arthritis Care Week

May

6: International No Diet Day
12-18: National Cot Death Appeal Week
16-24: Samaritan's Week
18-24: National Breastfeeding Awareness Week
18-25: National Epilepsy Week
19-25: National Smile Week
19-25: Adult Learner's Week
30: World No Tobacco Day

June

1-7: Sun Awareness Week
2-8: Tampon Alert Week
2-8: National Vegetarian Week
2-8: Arthritis Research Week
7-15: National Bike Week
8-14: Down's Syndrome Awareness Week
8-14: National Diabetes Week
7-15: National Children's Liver Week
9-15: National Carers' Week
9-15: National Food Safety Week
15-22: National Swim Week
16: Commonwealth Pharmacy Day
16-21: Spinal Injuries Association Awareness Week
22-29: Twins, Triplets and More Week
23-29: Child Safety Week
23-29: National Osteoporosis Week
26: International Day Against Drug Abuse and Illicit Trafficking
28-July 6: British Heart Week
30-July 6: Psoriasis Awareness Week

July

4: Sickle Cell and Thalassaemia Awareness Day
6-12: Alzheimer's Awareness Week

September

8-15 (tbc): Migraine Awareness Week
22-28: Meningitis Awareness Week
27-October 4: National Eczema Week
29-October 5: National Stroke Week

October

Breast Cancer Awareness Month
1: International Day for the Elderly
4-10: Muscular Dystrophy Week
6-12: Flu Awareness Week
6-12 (tbc): Miscarriage Awareness Week
6-12 (tbc): National Back Pain Week
6-12 (tbc): Europe Against Cancer Week
6-12: National Asthma Week
10: World Mental Health Day
16: World Food Day
20-25: National Head Injuries Week
31: Bug Busting Day

November

3-9: Youth Work Week

December

1: World AIDS Day

Events supported by the British Safety Council could not be confirmed at the time of going to press and have been omitted.
*tbc – to be confirmed

Negotiation for success – advice from a tactician

May I bring two basic and grave errors of judgment by some of our national leaders to the attention of any pharmacists who may be currently engaged in negotiating devolved monies with their health authorities. The errors concern tactics in the 'pay-in versus pay-out' equation, and, secondly, the 'heads of expenditure' situation.

- **Pay-in versus pay-out** – pay-in is how much money is available for the operation of the task. Pay-out is what you will have to do to claim the money as fees.

It is all too easy to agree that pay-out side of the equation prematurely. The purchasing side will want to settle the service level agreement details as quickly as possible, often without revealing its budget. It will want to document, for example, what it is buying, from whom, by when, what safeguards are to be included in the purchase, how audit is to be included, any further training requirements, inspection and the detail of records to be kept.

A naive negotiator agrees the pay-out first. He debates and then settles the level of service to be provided. Only at that point does he find out that the purchaser has either a very limited budget or a marked disinclination to purchase at realistic market prices.

Purchasers tend to be stuck in the 'no to cost-plus' mode. They are insensitive to overheads because they have never had to pay them. The unwitting provider has then been forced onto the defensive by his own ineptitude.

The ideal solution is to settle the pay-in first. In the real world, that is unlikely, in which case, the practicality is to agree the pay-in and pay-out together. "For that fee you can expect to receive ..." Never, never settle the service level agreement first!

- **Heads of expenditure** – NHS pharmaceutical history has shown the folly of our leaders in acquiescing to the request for reduction of heads of expenditure in their negotiations. This is usually attributed to the wish for simplicity. Wrong! When you have only one item to bargain with, you stand a 50 per cent chance of coming off second best. It is made worse if there is intransigence on the other side. You cannot debate the word 'no'.

However, if there are several heads to be debated and negotiated, not only do you have flexibility and can afford to trade a little, but the buying/selling figure becomes more realistically priced.

Jeremy Clitherow
Secretary, Liverpool LPC

Falling for promotions is a matter of judgment

I noted in the January 4 issue of *C&D* that Norton has resigned from the Association of the British Pharmaceutical Industry since the Association considered a promotion of Norton products, by a wholesaler who offered mountain bikes or M&S vouchers against stated volume orders, was breaching its code of practice.

Apparently, Clause 18 of this code forbids any gift, money or goods in kind to be given as an 'inducement' influencing a person to prescribe, supply, administer or buy any medicine. Norton was browned off by the ABPI censure, since the company considered the offer to have been related to the size of the order, and therefore was in the nature of a discount promotion. And quite right, too.

Over the years, as a community pharmacist, I have seen similar deals with TVs, coffee machines, luxury towel sets, fax machines, sailing jackets, even holidays, being offered by suppliers for specific parcels or quantities of products, which generally meant our buying more than we needed, without doubt the true object of the exercise.

But whether we fall for these promotions or not is a matter of judgment, with every buyer making a nice equation as to whether the particular item represents better value than the routine discount, or could be bought more reasonably from a shop, or is of no value to him or her.

This is quite different from wining and dining prospective buyers or prescribers on lavish weekend junketings thinly disguised as conferences. Or does Clause 18 regard these differently?

Kenneth Sims
Poole

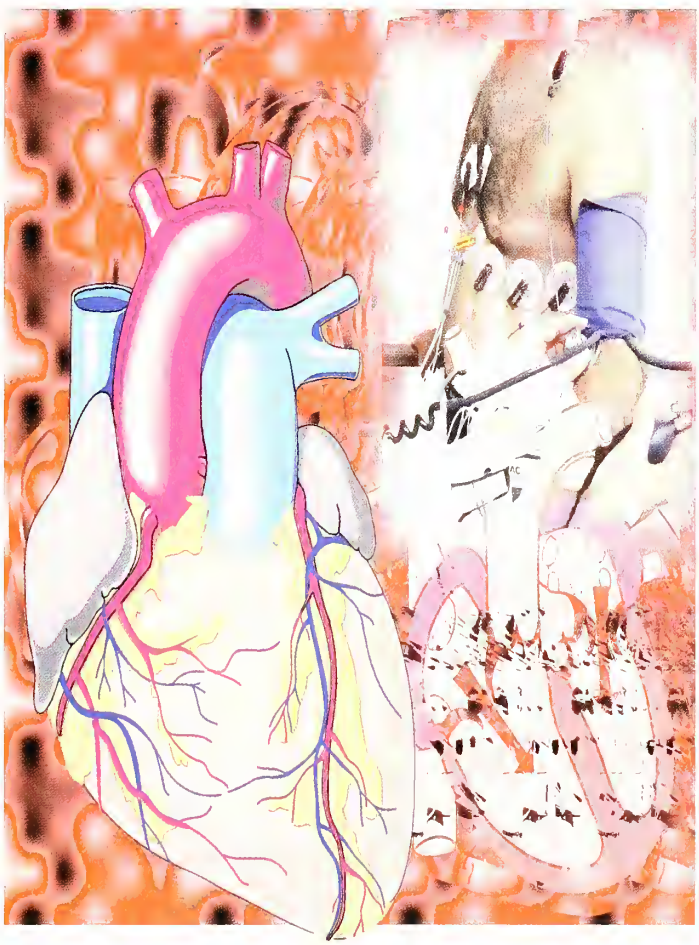
PHARMACY update

Calcium channel blockers
A therapeutic review of calcium channel blockers and their role in the cardiovascular system *I*

Pharmacoeconomics
A second look at cost-effective prescribing with an emphasis on putting principles into practice *VI*

Tuning in to the heart channels

The calcium channel blockers are a diverse group of drugs which cannot be drawn into a formulary as easily as other therapeutic drug groups. Dr Terry Maguire, proprietor pharmacist and senior lecturer at the Queen's University of Belfast, reviews this growing category



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 39), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* FEBRUARY 8, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To appreciate the diversity of the calcium channel blockers
- To understand the mode of action of this therapeutic group
- To be aware of the indications for calcium channel blockers
- To be aware of associated drug interactions and adverse reactions
- To be aware of the use of potassium channel activators

The calcium channel blockers are often incorrectly referred to as calcium antagonists. There are nine licensed calcium channel blockers in the UK, which are listed in Table 1. However, unlike other classes of medicines, such as the beta-blockers, calcium channel blockers do not all possess similar clinical actions and, therefore, from a formulary point of view, it is difficult for pharmacists to simply choose one of the class on a cost-effectiveness basis.

Classification

The calcium channel blockers are a diverse group of drugs from a chemical and pharmacological point of view, but for convenience those drugs with similar actions are listed together.

Table 1: calcium channel blockers

Drug	Proprietary name
Amlodipine	Istin
Diltiazem	Adizem, Tildiem
Felodipine	Plendil
Lacidipine	Motens
Isradipine	Prescal
Nicardipine	Cardene
Nifedipine	Adalat
Nimodipine	Nimotop
Verapamil	Cordilox, Securon, Univer

The World Health Organisation divides calcium channel blockers into the following three classes according to their site of action (see Table 2 and 3):

- Class 1, includes verapamil
- Class 2, includes dihydropyridine calcium channel blockers ('nifedipine-like' drugs)
- Class 3, miscellaneous calcium channel blockers which include diltiazem and cinnarizine.

Mode of action

Muscle contraction, both of smooth and cardiac muscle, occurs as a result of the conduction of cardiac impulses. These impulses in turn depend on the entry of calcium ions via the slow channels and their redistribution across the cell membrane. The calcium channel blockers block entry of calcium through these slow channels, thereby causing depressed conduction, reduced cardiac contractility and relaxation of coronary and vascular tone.

The net result is a reduction in myocardial work and an increase in myocardial blood flow and oxygen supply, which explains the effectiveness of such drugs in controlling the symptoms of angina.

There are three main routes of entry of calcium into the cell:

- voltage-gated calcium channels, which open when the cell membrane is depolarised
- sodium-calcium exchange
- receptor-operated calcium channels (ROCs).

ROCs open in response to ligands that attach to receptors, but they have been extremely difficult to detect experimentally. In practice, the ROCs and the sodium-calcium exchange are not targets for the main types of calcium channel blockers used clinically. Cell membranes contain voltage-gated channels for sodium and potassium, as well as calcium. The potassium channel activators (discussed later) use the potassium voltage-gated channels.

Continued on PII ▶

Table 2: site of action of calcium channel blockers (WHO)

Class	Drugs in class	Site of action
1	Verapamil	Greater effect on heart
2	Dihydropyridines	Greater effect on arteriole
3	Diltiazem	Lies between 1 and 2

◀ *Continued from PI*

Three distinct types of calcium voltage-gated channels have been identified and these have been designated L, N and T. Each has its own unique properties, such as the voltage range over which it opens, its tendency to close, inactivate during a maintained depolarisation, its conductance and its occurrence on different types of cells. These differences explain the different clinical actions of the calcium channel-blocking drugs.

Channel sites

Calcium channel blockers mainly influence myocardial cells, the cells within the specialised conducting system of the heart (AV and SA nodes), and the cell of the vascular smooth muscle. The clinical effect is that myocardial contractility may be reduced, the formation and propagation of electrical impulses within the heart may be depressed, and coronary or systemic vascular tone may be diminished, leading to vasodilation. However, calcium channel blockers should be avoided in heart failure as they further diminish cardiac function and cause clinically significant deterioration that clearly needs to be avoided.

Calcium channel blockers differ in their preference for the possible sites of action, therefore their therapeutic effects are disparate. There are important differences between verapamil and the dihydropyridine drugs, nifedipine, nicardipine and isradipine. For example, verapamil and diltiazem may also act by reducing the heart rate during exercise, as both drugs have a direct effect on cardiac conduction.

Indications

Angina

Calcium channel-blocking drugs are widely used in the management of angina. They are effective in reducing the symptoms of angina and have fewer side-effects compared to the beta-blocking drugs. With the exception of nifedipine, calcium channel blockers are not normally used in combination with beta-blockers, since verapamil or diltiazem, in combination with a beta-blocker, have an additive effect on the AV node depression and can induce asystole or heart block. Diltiazem has a lesser depressant effect than verapamil and is effective as a single agent in the management of angina. Therefore, it is the calcium channel blocker of choice in stable angina.

Nifedipine and related drugs have no effect on AV node conduction and so may be used safely in combination with beta-blockers, but as a single agent nifedipine's effectiveness is less than other calcium channel antagonists or beta-blockers. Paradoxically, when nifedipine is first introduced in the management of angina, there may be an increased number of angina attacks. This is due to the vasodilatory effect of nifedipine which improves blood flow to normal tissue at the expense of ischaemic tissues.

Hypertension

Nifedipine, nicardipine, amlodipine, isradipine and lacidipine are all used in the management of hypertension. However, recent studies have identified potential problems with the use of short-acting calcium channel blockers in the management of hypertension. It has been shown that patients taking nifedipine-type calcium channel blockers were at a higher risk of myocardial infarction than those taking beta-blockers or diuretics.

The use of calcium channel blockers in the management of hypertension is licensed on the basis of their ability to reduce blood pressure, not on the basis of studies that demonstrate that this blood pressure reduction has clinical benefit in actually reducing or preventing myocardial infarction. Where a calcium channel blocker is needed in patients with coronary artery disease – those that are in post-myocardial infarction or are suffering symptoms of angina – they should be treated with either verapamil or diltiazem.

Post-myocardial infarction

Verapamil has been shown to reduce death and re-infarction post MI. It should not be used in overt heart failure or poor left ventricular function. Verapamil should be given from the second week post MI for 18 months and then its use reassessed.

Diltiazem has been shown to reduce early re-infarction rates when used in non-Q-wave infarction. There is no evidence that it is beneficial in the long-term or in Q-wave infarction. Diltiazem has been shown to be harmful when used in patients with poor left ventricular function or acute pulmonary oedema.

Nifedipine has been shown to increase mortality in acute ischaemic episodes and must be avoided in patients post MI.

Drug selection

Verapamil

Verapamil is used for the treatment of angina, hypertension and arrhythmias. It reduces cardiac output, slows heart rate, and may impair atrioventricular conduction. It may precipitate heart failure, exacerbate conduction disorders and cause hypotension at high doses, and must not be used with beta-blockers.

Nifedipine and related compounds

This class of drug relaxes smooth muscle and dilates coronary and peripheral arteries. It has more influence on vessels and less on the myocardium than verapamil and, unlike verapamil, has no anti-arrhythmic activity. It rarely precipitates heart failure because any negative inotropic effect is often offset by a reduction in left ventricular work.

Nicardipine has similar effects to those of nifedipine and may produce less reduction in myocardial contractility. Amlodipine and felodipine also resemble nifedipine in their effects and do not reduce myocardial contractility. They do have a longer duration of action and therefore can be given once daily. Nimodipine has greater selectivity for cerebral vasculature, and so is used in post-subarachnoid haemorrhage.

Diltiazem

It is effective in most forms of angina pectoris and the longer-acting formulations are also used for the management of hypertension. The drug is mainly used in patients in whom beta-blockers are contra-indicated or ineffective

Adverse reactions

Most of the side-effects noted for calcium channel-blocking drugs occur as a result of their vasodilator properties. This affects about 20 per cent of patients starting therapy and therefore pharmacists should advise them about this side-effect as it may help improve compliance.

Headache is commonly associated with vasodilation, but is less likely in patients who are also taking beta-blockers – such patients are more likely to suffer from facial flushing. Peripheral oedema can occur, especially ankle swelling, which is a particular problem with nifedipine.

Heart failure may occur, particularly with diltiazem and verapamil because of their negative inotropic effect. Reflex tachycardia can occur with nifedipine and this is a problem with any vasodilator which will trigger the baroreceptor reflex. Since beta-blockers block this effect, patients taking beta-blockers experience this side-effect less commonly.

For a small number of patients (less than 10 per cent) constipation may be a problem. In some, it will respond to a high-fibre diet. In others, however, it will not, requiring cessation of therapy.

Vasodilatory side-effects will usually disappear within two weeks of starting therapy. These side-effects are dose dependent and, where they are found to be resistant, the patient should be tried on slow release or modified release formulations as it will reduce peak blood levels and therefore may minimise side-effects. There is some evidence that sudden withdrawal of calcium channel blockers may be associated with exacerbation of angina.

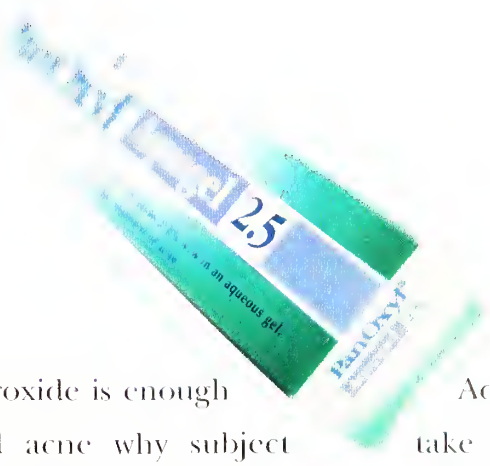
The relative frequency of

Continued on PIV ▶

Table 3: cardiac and peripheral sites of action of calcium channel blockers

Activity	Class 1	Class 2	Class 3
Coronary vasodilation	++	+++	++
Arterial vasodilation	++	+++	++
Myocardial contractility	+++	+	+
AV node conduction	++	-	++
Sinus node activity	++	-	++

Spots can't take it, but young skin can.



If 2.5% benzoyl peroxide is enough to deal with mild acne why subject sensitive young skin to twice or four times that amount? The message is getting through. GPs and dermatologists more and more are prescribing the PanOxyl Aquagel 2.5 formulation. You can take appropriate action by making PanOxyl Aquagel 2.5 the first benzoyl peroxide you think of.[1]

PanOxyl® Aquagel 2.5

Appropriate action against mild acne

[1] clinical test, the incidence of irritation was less with PanOxyl Aquagel 2.5% than with the two leading 5 and 10% formulations (Data on File, Stiefel Laboratories Limited, 1996).

oduct Information. Presentation: PanOxyl Aquagel 2.5 is an aqueous gel containing benzoyl peroxide 2.5% w/w. **Uses:** For the treatment of mild to moderate acne. **Dosage and Administration:** e gel should always be applied to the affected areas once daily. Washing with soap and water prior to application enhances the efficacy of the preparation. **Contraindications:** Patients with a known sensitivity to benzoyl peroxide should not use the product. **Caution:** Avoid contact with the mouth, eyes and other mucous membranes. **Side Effects:** If excessive irritation, redness or peeling occurs, stop using the product and consult a doctor. **Legal Category:** P. **Retail Price:** 40g £3.40. **Product Licence Number:** PL 0174/0049. **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Woodburn Green, High Wycombe, Bucks, HP10 0AU. **Date of Information:** October 1996.

STIEFEL

Continued from PII

side-effects can be seen in Table 4.

Drug interactions

A large range of drug-drug interactions occur with calcium channel blocker drugs. These can be divided into the pharmacodynamic, pharmacokinetic and formulation interactions.

Pharmacodynamic

- Beta-blockers will potentiate the SA and AV node effects of verapamil and diltiazem, which increases the risk of bradycardia, AV block, severe hypotension and heart failure. Therefore, these drugs must not be used concomitantly. Nifedipine is widely used with beta-blockers due to the clinical benefits. For many patients there are no adverse events, but it should be remembered that there have been reports of severe hypotension and impairment of left ventricular function.
- Amiodarone increases the risk of bradycardia, AV block and heart muscle depression. This effect mainly occurs with diltiazem and verapamil.
- Concomitant use of flecainide with verapamil increases the risk of myocardial depression and asystole.
- Digoxin may potentiate the effects of diltiazem and verapamil on the SA node and AV node.

Pharmacokinetic

- Plasma concentrations of quinidine are reduced by nifedipine and increased by verapamil. Both diltiazem and nifedipine block liver metabolism of phenytoin resulting in raised plasma levels. By the same mechanism, metabolism of carbamazepine is reduced by verapamil and diltiazem, possibly resulting in toxic levels.
- Since calcium channel blockers are metabolised by the same liver enzyme system as anti-epileptic drugs, and since most anti-epileptics are liver enzyme inducers, then the levels of calcium channel-blocking drugs may be reduced in the presence of anti-epileptics. Verapamil metabolism is induced by rifampicin, resulting in lower blood levels.
- Metabolism of theophylline is inhibited by verapamil, possibly leading to raised serum theophylline levels and theophylline toxicity since this drug has such a narrow therapeutic window. Diltiazem and nifedipine are less likely to interact in this way.
- Cimetidine reduces the metabolism of verapamil, diltiazem and nifedipine by blocking liver enzymes, but only the blood levels of nifedipine may be raised to a level where the interaction is clinically significant.
- Verapamil reduces the clearance of digoxin which can result in an increase in digoxin serum levels by an average of 70 per cent. The effect of diltiazem is to raise levels by 20 per cent, whereas nifedipine has little or no effect.

Formulation

There has been a huge increase in the availability of slow release formulations, particularly nifedipine, in recent years. The long-acting formulations serve to reduce side-effects by minimising peak blood levels. They also serve to improve patient compliance and may offset the lack of benefits that have been identified when the drug is used in a non-modified form.

Potassium channels

Potassium channel openers is a new class of cardiovascular drug. At present, there is only one drug licensed for use in the UK. Nicorandil (Ikorel) has both arterial and venous vasodilating properties and is indicated for the prevention and long-term treatment of angina pectoris. It is a relatively new drug and its place in therapy is still evolving. The drug causes smooth muscle relaxation by selectively increasing the membrane permeability of potassium ions, thus causing the membrane to hyperpolarise.

Potassium channel openers (KCOs) are used by a small number of angina patients and may protect the myocardium. They can be effective in reducing the symptoms of angina and have few side-effects. In addition, there is no problem with tolerance, which occurs with nitrates.

Formularies

Increasingly, pharmacists are being asked to advise general practitioners on the development of formularies. The choice of calcium channel blockers is, however, not as straightforward as for other classes of drugs and some time would need to be taken to work through the classes of drugs and to list those that should be included in a formulary.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December 31, 1997.

Table 4: relative frequency of side-effects

Side-effect	Class 1	Class 2	Class 3
Headache	+	++	+
Facial flushing	+	++	+
Peripheral oedema	+	++	+
Nausea	+	++	+
Postural hypotension	+	++	+
Palpitations	-	++	-
Constipation	++	-	+
Gum hyperplasia	+	+	-

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of **Johnson & Johnson MSD**, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the February 8 issue, which will cover this week's CPP-accredited modules, together with those in the January 25 issue.

The MCQ paper for the December modules is enclosed in this week's *C&D* covering:

- Irritable bowel syndrome (35)
- Acne (36)
- Lower back pain (37)
- Myalgic encephalomyelitis (38)

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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nistration: Apply twice daily to the
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ed 100g of Cream or Ointment or 60ml
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ancy as there is no experience of use.
Dovonex Scalp Solution is used together
Dovonex Cream or Ointment, the total dose
calcipotriol should not exceed 5mg in any
g 60ml Scalp Solution plus one 30g
e of Cream or Ointment, or 30ml Scalp
ion plus 60g (two 30g tubes) of Cream or
. Contra-indications: Patients with
calcium metabolism disorders.
sitivity to any constituents. Precautions:
not be used on the face. Wash hands
application. Avoid inadvertent transfer to
other body areas, especially the face.
Hypercalcaemia has been reported in
generalised pustular and erythrodermic
exfoliative psoriasis. Use no more than maximum
weekly dose since hypercalcaemia, which
rapidly reverses on cessation of treatment, may
occur. Drug Interactions: No interaction
between calcipotriol and UV light. No
experience of concomitant therapy with other
antipsoriatic products applied to the same area.
Side Effects: Cream/Ointment: Transient local
irritation and facial or perioral dermatitis may
occur. Other local reactions may occur.
Reactions reported with Dovonex Ointment
include dermatitis, pruritus, erythema,
aggravation of psoriasis, photosensitivity and
rarely hypercalcaemia or hypercalciuria. Scalp
Solution as above. In addition, local irritation of
the scalp or face may occur. Use during
pregnancy and lactation: Safety for use during
human pregnancy has not yet been established,
although studies in experimental animals have
not shown teratogenic effects. Avoid use in
pregnancy unless there is no safer alternative. It
is not known whether calcipotriol is excreted in
breast milk. Overdose: Hypercalcaemia may
occur in patients with plaque psoriasis who use
more than 100g Ointment/Cream weekly and
has been reported at lower doses in patients
with generalised pustular or erythrodermic
exfoliative psoriasis. Basic N.H.S. Price:
Dovonex Cream £8.15/30g, £16.30/60g,
£29.40/120g. Dovonex Ointment
£8.15/30g, £16.30/60g, £29.40/120g
Dovonex Scalp Solution £9.28/60ml. Legal
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Holder/Numbers: Leo Laboratories Ltd,
Dovonex Cream PL0043/0188, Dovonex
Ointment PL 0043/0177, Dovonex Scalp
Solution PL 0043/0190.

Further information available on request from:

LEO PHARMACEUTICALS, Longwick Road,
Princes Risborough,
Buckinghamshire, HP27 9RR.

References:
1. IMS Medical Data Index Q3 1995.

Date of preparation: December 1995.
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More money matters

In the second of a two-part article, Chris Cairns, director of the Pharmacy Academic Practice Unit at St George's Hospital in London, continues his discussion of pharmacoeconomics

The first article in this series (August 3, 1996) discussed a number of pharmacoeconomic and health economic techniques that may be applicable in pharmacy practice. In this article, we will expand on the previous work and use some of the principles to demonstrate the practical use of pharmacoeconomics.

All but one of the examples are true pharmacoeconomics. The other, strictly speaking, is a health economics assessment, but the principles are the same. One of the examples is from hospital pharmacy practice, but it is a useful analysis to illustrate the issues and methods.

Thiazide diuretics

This example looks at the best choice of thiazide diuretics for a practice formulary.

This type of analysis is needed when considering the choice of agents for a formulary. As there is little or no difference between thiazide diuretics in their efficacy, side-effects and dosage regimes, a simple cost minimisation analysis is sufficient.

We know from the literature available that there are no circumstances where bioavailability varies between formulations of thiazides, so we can consider both generic and branded products in the same analysis. However, it is important to compare equivalent doses.

For some drug groups, where the dosage varies from drug to drug, some form of equivalence is required, but with this group we can compare the costs of the standard dose of one tablet in the morning.

We also know from the literature that, when used for the treatment of hypertension and mild heart failure, metolazone is similar to other thiazides. However, it has a profound additive effect when combined with loop diuretics in severe heart failure. It may, therefore, have to be considered separately for this indication. The inventory (purchase) costs of the common thiazides are outlined in Table 1.

It can be seen that the best value for money is generic bendrofluazide and there is a 40-fold variation between it and the most expensive therapy, xipamide. If a second-line agent is required, then hydrochlorothiazide or cyclopenthiazide could be selected.

The cost of metolazone is much greater than bendrofluazide and, therefore, its use should be restricted to severe heart failure in combination with loop diuretics.

Table 1: inventory costs of thiazide diuretics

Product and dose	Cost of four weeks' treatment (*BNF*)
Bendrofluazide 5mg	£0.10
Chlorothiazide 500mg (Saluric)	£0.95
Chlorthalidone 50mg (Hygroton)	£1.37
Cyclopenthiazide 500mcg (Navidrex)	£0.50
Hydrochlorothiazide 25mg (Hydrosaluric)	£0.41
Indapamide 2.5mg	£3.21
Natrilix (Indapamide) 2.5mg	£3.69
Metolazone 5mg (Metenix 5)	£2.38
Metolazone 500mcg (Xuret)	£3.68
Xipamide 20mg (Diurexan)	£4.38

IV drug therapy

Here, we look at the options for cost-effectiveness when making IV drugs for children. Do you opt for a traditional ward-based preparation by nurses or reconstitution in the pharmacy aseptic suite?

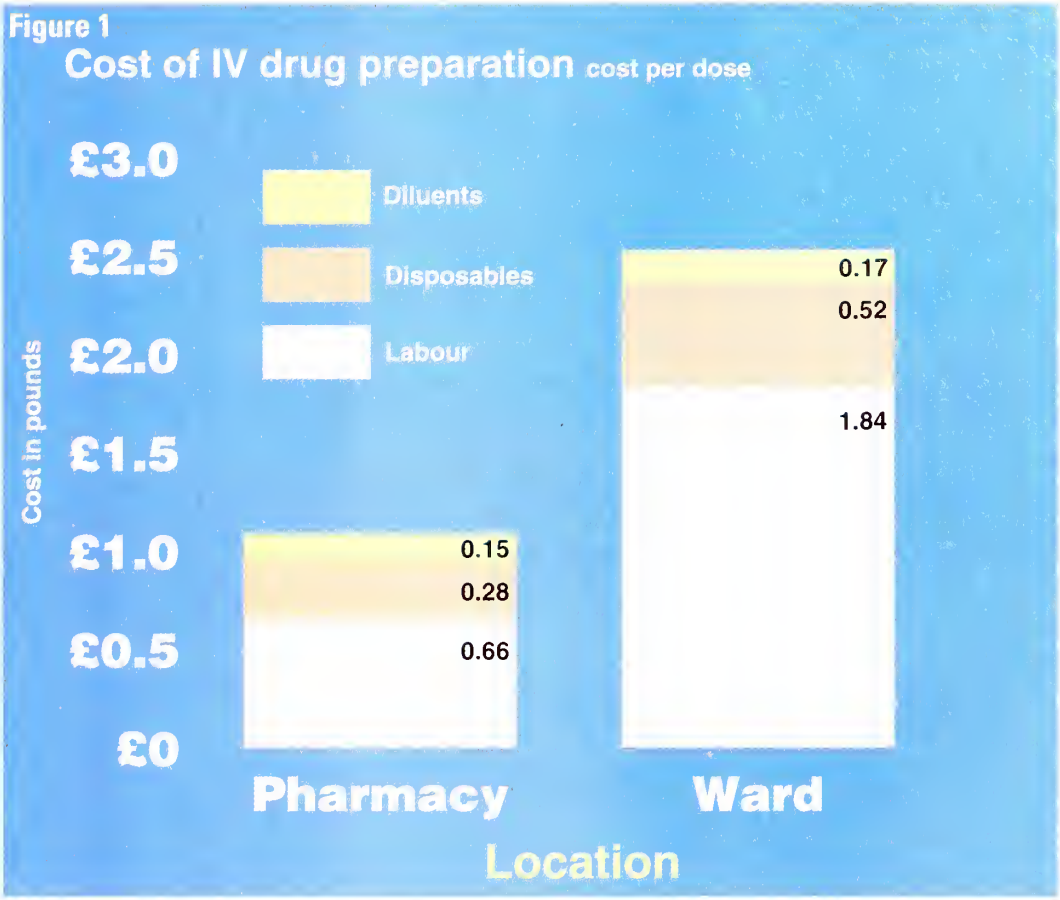
The first question we must ask ourselves is what do we need to find out to make this comparison?

There is obviously the issue of staff costs and this is likely to be a major component of any analysis. However, even this is not as simple as it first appears, as the cost will depend on how long the person takes to carry out the operation (staff time) and how much they are paid (dep-

Table 2: issues for consideration in IV economic analysis

Staff overheads, eg National Insurance, superannuation, etc
Hospital staffing overheads, eg personnel, payroll administration costs
Premium pay rates, eg overtime, evenings, weekends, on call
Pharmacy clean room capital costs
Quality assurance costs
Training costs
Disposables, eg gloves, needles, syringes, etc
Diluents
Wastage
Waste disposal
Training costs
Drug costs

Figure 1



endent on grade, profession, etc). A number of other issues which need to be considered are summarised in Table 2.

Already, a whole range of issues have surfaced in what seemed like a simple comparison. The next step is to identify any issues where there are likely to be no differences, or where differences are likely to be insignificant. These can then be omitted from the analysis.

In this analysis, waste disposal is likely to be similar, and if we were looking at adults, then the drug costs could be similarly treated. However, in children, the pharmacy may be able to dispense multiple doses from a vial or ampoule, while the wards cannot.

A number of assumptions then have to be made about some issues and their contribution ignored until it can be reconsidered in the light of the final analysis. Thus we can decide not to include any staff overhead costs as these will be difficult to identify. Their contribution may be needed at a later stage if differences from a simple analysis are not significant. In this example, we are also going to assume that the pharmacy already has an aseptic dispensing facility and this new service will be built on the margins of that unit's existing physical capacity. However, we are also assuming that there is no spare capacity in the staffing resource and so that will have to be identified.

Recent work, carried out in the UK, has identified the staff time, staff costs, cost of disposables and cost of diluents for both pharmacy- and ward-prepared antibiotic doses in paediatrics[1]. The time taken for pharmacy staff per dose was 290 seconds and for ward staff 789 seconds. Costs per dose were £0.66 for pharmacy and £1.84 on the wards. There were also differences in costs of disposables and diluents, and the overall costs are illustrated in Figure 1.

It can be seen that, even at this simple analysis level, preparation in the pharmacy is better value for money. As we assume the outcome from both methods of preparation is the same, ie a prepared IV dose that is sterile and the correct dose, this is another example of a cost minimisation analysis. This data can be used to calculate the costs and benefits of introducing a pharmacy-based additive service for a whole range of activities. It can also be used to compare the costs of different dosage regimes of different IV antibiotics, if the inventory cost and a cost for drug administration is added, as outlined in Figure 2, for ward-based preparation of some cephalosporin antibiotics.

Candidial vaginitis

What is the best value for money for the OTC treatment of candidial vaginitis?

There are now a number of effective OTC treatments available for treating this condition, but they are, in general, very expensive for the patient to purchase. This example compares the cost-

Continued on PVIII ▶

Cost of one day's treatment IV Cephalosporins

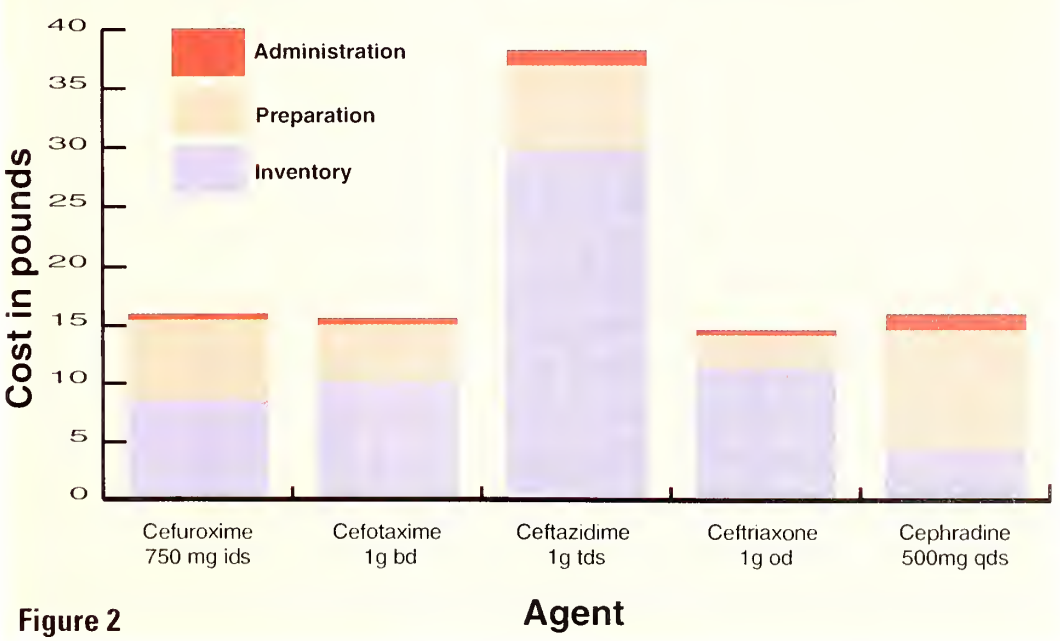


Figure 2

Continued from PVII

effectiveness of oral fluconazole (Diflucan One) with vaginal clotrimazole (Canesten). The relevant costs and effectiveness are described in Table 3.

The first step is to determine an outcome measure, in this case clinical cure, the incidence of which has been identified from clinical research. The second is to determine a measure of comparing different costs with different outcome rates. A simple measure would be cost per cure.

The data in Table 3 comes from a study which used mycological eradication, ie negative yeast cultures, as an outcome. However, there are a number of studies which compare oral fluconazole and vaginal clotrimazole that show significant variations in the comparisons and results. So to obtain a more comprehensive analysis, the data would need to be treated using the results of a number of clinical studies, which would produce a range of cost-effectiveness results.

This range of results is known as a sensitivity analysis and would show the extremes of potential outcome, as well as the average. Furthermore, using the clinical outcome alone does not take into account the costs to the patient of failed treatment, some of which are easy to measure – for example, the cost of a second treatment course, and some very difficult – such as assigning a value to the distress and pain of continuing symptoms.

If we use the results of the study described above, then for clotrimazole the cost per effective treatment (OTC) is £8.26: 100 courses at £5.95 to effect 72 cures which are sustained at 28 days. In other words, £5.95 x 100 divided by 72. For prescribed therapy the corresponding figure is £4.57 (*BNF* costs).

The corresponding figures for fluconazole are £16.67 (OTC) and £9.49 (*BNF*). Thus it appears that clotrimazole is more cost-effective than fluconazole, ie costs less to achieve a cure. This approach is appropriate where there is a third party payer, eg the NHS. However, where the patient is the payer, then the economics change, as the patient has to pay for the treatment at cost whether it succeeds or fails, and the treatment failures have an additional cost of a second treatment. The issue can be examined from the patients perspective in a number of ways and two examples are outlined below.

1 If the patient pays an extra £6.55 (the difference in cost between the two products), they will decrease their probability of a treatment failure at 28 days by 4 per cent. This now introduces the concept of 'willingness to pay'.

This may be an important factor as research has shown that single-dose oral fluconazole therapy is preferred by significantly more patients than single vaginal clotrimazole therapy[2]. Also, at least one study has shown more rapid relief of symptoms with oral fluconazole compared with vaginal clotrimazole[3]. However, the dosage of clotrimazole used in this study was 200mg daily for three days and this phenomenon may not occur with a single 500mg dose.

2 If clotrimazole is used first, then in 100 patients, 28 women will require further treatment at a cost of £12.50. The cost to these individuals is now £18.45 plus the costs of a second visit to the pharmacy and the intangible costs of symptoms distress, etc. If second-line fluconazole treatment is as effective as first-line, then this strategy will result in a further 21 cures. However, seven women will still require more treatment. This simple example illustrates how complex cost-effectiveness analysis can be and why it is important that the data is examined from the correct perspective.

Table 3: mycological eradication of candidial vaginitis

Product	Effectiveness[2] 7 days	28 days	Cost (OTC)	Cost (*BNF*)
Clotrimazole	76 per cent	72 per cent	£5.95	£3.29
Fluconazole	82 per cent	75 per cent	£12.50	£7.12

Conclusion

Although the subject of pharmacoeconomics is new to community pharmacy, there is no doubt that its use will increase, both in terms of drug use and delivery of pharmaceutical care.

References

*1 Armour D J, Cairns C J, Costello I, Riley S J and Davies E G. The economics of a pharmacy-based central intravenous additive service for paediatric patients. Pharmacoeconomics 1996;**10**:386-394.*

*2 Van Heusden A M, Merkus H M W M, Euser R et al. A randomised comparative study of a single oral dose of fluconazole versus a single topical dose of clotrimazole in the treatment of vaginal candidosis among general practitioners and gynaecologists. Eur J Obstet Gynecol Reprod Biol 1994;**55**:123-127.*

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Cost-effectiveness data must be examined from the correct perspective

Fighting fit feet and legs

In winter, our feet tend to get neglected. Hidden away in thick socks or tights and enclosed in shoes or boots, they barely get a second glance until spring. We expect our feet to take care of themselves and only take notice when problems arise. Yet, as Sarah Purcell explains, many common foot ailments could be easily prevented by taking proper care of our feet

Every year around 14 million people seek advice about foot problems and three out of four of us can expect to suffer at some time during our lives. But while seeking advice on foot problems is common in the pharmacy, many people will only ask for your advice when their first line of treatment has failed, according to a survey carried out by Bayer for its Canesten AF brand. "This shows that pharmacists could be more proactive in recommending treatment to customers," says Michaela Griggs, assistant brand manager for Canesten.

Fighting fit

The foot care market is in good shape, currently worth $28.6m (Nielsen), with a 20 per cent growth in the past year. If you include Boots and Superdrug in the equation, the estimated value is $50-55m.

The verruca treatment market is worth $8.6m (IMS). Athlete's foot remedies are worth $10.1m (IMS), growing 6.7 per cent last year. The insoles sector is worth $4m (Nielsen), up 7 per cent, while the odour market is valued at $4m (Nielsen), and grew 11 per cent last year. Foot care toiletry products is a fast-growing sector, up 26 per cent last year to $2m (Nielsen).

While grocers saw healthy sales of foot care products last year, up by 25 per cent, pharmacies were not far behind with 18 per cent growth, says Martin Hodson, foot care category manager at Scholl. "All the foot care sectors are showing good growth in pharmacy, bucking the general OTC trend away from pharmacy sales." He estimates that foot care is worth some $20m to pharmacies per year.

Whitehall Laboratories says that self-treatment of foot problems is becoming the norm, with pharmacies an essential part of this. "The pharmacy market makes up 80 per cent of foot care sales. People are beginning to recognise that problems such as verrucas can be treated effectively using products from their pharmacy, and more and more people are asking their pharmacist for advice. People are becoming increasingly confident about treating their own foot problems," says Jo Hill, product manager for Compound V.

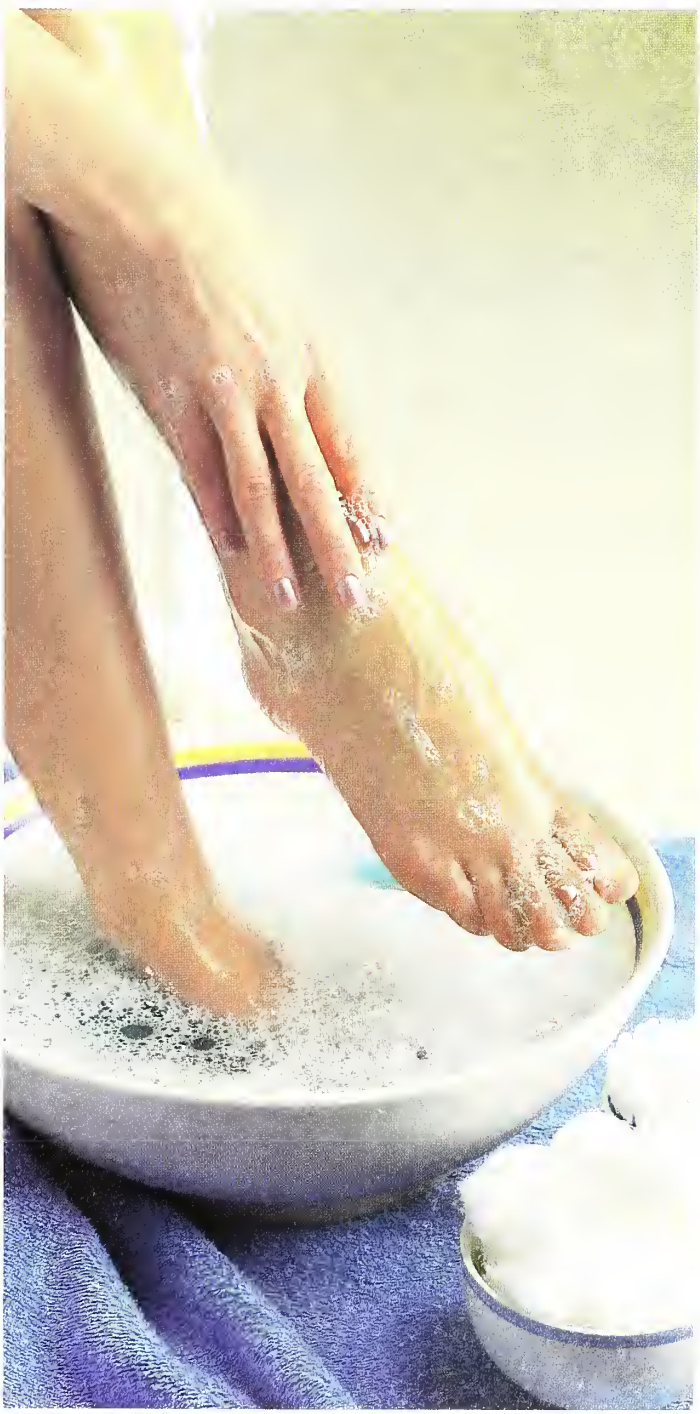
Athlete's foot

About 10 per cent of people suffer from athlete's foot, with men making up around 60 per cent of that group, although it is beginning to affect women more due to their increased participation in sports and leisure. It tends to affect people who do sport and then use communal changing rooms, as the fungus that causes it thrives in warm, moist conditions. "While the number of sufferers has remained consistent for some years, the growth in the treatment market indicates that more people are aware of the condition and are therefore doing something about it," says Ms Griggs.

Pharmacists are performing well in this market, says Jean Bouvain, senior product manager for Mycil at Crookes Healthcare, increasing sales by 9.8 per cent last year. "The customer who goes into a pharmacy is looking for advice on treatments, so pharmacists need to ensure that they are familiar with the products available and their ingredients, so they can help them."

A number of new P products have come onto the market in the last couple of years, including Toepedo, Canesten AF and Mycil

Continued on P16 ▶



Scholl has launched a £60m holiday promotion offer. Consumers buying two packs from the Scholl foot care range before May 31 can save £120 on any holiday or cruise from brochures of participating tour operators

Murrays has extended its Pedicure range with the addition of angled toenail scissors, which feature long handles to make trimming easier

Christy has launched Feet Treats, a range of four foot pampering products in sachets, which are all based on natural ingredients

Scholl is running a promotion in pharmacies where consumers can claim a free best-seller, worth £5.99, when they buy one pair of 753 Anti-Fatigue tights or two pairs of Lite Legs

◀ Continued from P15

Gold. As in other OTC markets, there has been a trend towards these 'stronger' products – good news for the pharmacist. "Consumers have been dissatisfied with the athlete's foot treatments they were using and are looking for stronger, more effective ones," says Ms Griggs.

GSL clotrimazole?

At the beginning of last year, clotrimazole was granted a GSL licence for athlete's foot treatment, but to date no one has taken advantage of this. "We want to support the pharmacy sector for as long as we can," says Ms Griggs, when asked why Bayer hadn't launched a GSL product. "I think that manufacturers want to keep their P status to highlight the fact that these products are stronger and different from existing GSL athlete's foot treatments," says Mr Hodson at Scholl. At Crookes, Ms Bouvain says they're not convinced that a GSL clotrimazole product is necessary at the moment.

Despite the heavily advertised new products, many people still don't understand why they get athlete's foot, says Ms Griggs, and they don't use the treatments properly. "Many people don't carry on using the product for as long as they should, stopping as soon as symptoms improve, and they don't take steps to prevent recurrence, such as using foot powders. Certainly the prevention sector is not growing as fast as the treatment sector, so pharmacists could be more proactive here."

- Bayer has a new advertising campaign for Canesten AF, which starts this month in the national press.
- Scholl's new advertising campaign for its foot care range starts in the spring.
- Dendron is supporting Toepedo with television and national press advertising.

Verrucas

About 5 per cent of the population – 2.3m people – suffer from verrucas, and about 80 per cent of those are children and teenagers. Verrucas are caused by a virus which enters the foot through damaged skin. Until quite recently, verrucas almost always meant a visit to the GP, but people are becoming aware that it is a condition they can treat themselves. Mr Hodson estimates that about 40 per cent of sufferers will now go to their pharmacy first for treatment and advice on verrucas rather than their GP.

Currently worth $8.6m (IMS September, 1996), the market grew by 31 per cent last year,

Bazuka Gel verruca treatment currently claims a 43 per cent share of the OTC market. Continued support from Dendron this year will include a multi-media campaign

Wahl has introduced Footcare, a system that provides professional pedicures at home, including removal of corns and callouses, and nail filing

says Rachel James, senior brand manager at Dendron. This growth is mainly thanks to new products such as Dendron's own Bazuka gel treatment, which revolutionised the market. "I think with Bazuka we awoke a sleeping giant. In the past, people tended to ignore verrucas rather than treat them," she says.

Cuxson Gerrard, maker of Carnation foot care products, asked independent pharmacists what their customers looked for in a foot care product. They rated an all in one treatment as most important, with active ingredients to get rid of the problem and something to give instant relief. Second on the list was a tried and trusted brand, and a product that was easy to use, while value for money came further down the list.

"Prior research has shown that when consumers are buying a

Prevention – the best cure

- Wash feet daily in warm soapy water. Dry thoroughly, especially between the toes, and apply a foot powder. This can help prevent athlete's foot.
- After a bath, remove hard skin with a pumice stone or foot file to prevent calluses developing. Apply an emollient to keep skin soft.
- Trim nails regularly with clippers or nail scissors, cutting straight across, but not too short or curved at the corners as this can cause ingrowing nails.
- Choose hosiery made from natural fibres if athlete's foot is a problem and change daily.
- Don't wear the same pair of shoes every day. Alternate heel heights to protect your feet.
- Wear the right footwear when playing sport.
- Don't borrow other people's shoes!

Canesten AF from Bayer is an athlete's foot treatment which contains the anti-fungal clotrimazole. A new press advertising campaign for the brand starts this month

Toepedo Cream for athlete's foot has an 18.9 per cent share of the market, according to maker Dendron. The brand is being supported with press and television advertising

The German Gehwol range of foot care products is based on natural ingredients, including essential oils such as rosemary, lavender and mint

foot care product to treat a verruca or a corn, they look for a treatment which is specifically suited to their complaint and is user-friendly. Our survey more importantly highlights that consumers need an all in one, ready to use treatment," says David Wain, UK sales and marketing manager for Carnation. The Carnation survey also found that women over 50 were the main consumers of foot care products for themselves and their families.

Product news

Driclor Solution is designed to treat excessive perspiration on feet as well as underarms, says Stiefel Laboratories. The company has set up a Freefone telephone helpline for consumers on 0800 626875. A pharmacy training guide on treating excessive perspiration and a consumer leaflet are also available from the company.

Murrays has extended its Pedicure range with the addition of angled toenail scissors, which feature long handles for easier trimming. Also new to the range are foot files.

Foot care toiletries are one of the fastest-growing sectors in the market, currently worth $2m and up by 26 per cent last year. New from Christy is Feet Treats, a range of four foot treatment products based on natural ingredients. These include Revitalising Foot Scrub, Revitalising Foot Soak, Soothing Massage Cream and Conditioning Cream. All products are fragranced with pink grapefruit, and natural ingredients include horse chestnut extract, evening primrose oil, coconut and passion flower.

The German Gehwol range of foot care products has been available in the UK through chiropodists for the past seven years and the company now hopes to widen distribution to pharmacies. Products are based on natural ingredients, which include essential oils such as rosemary, lavender and mint. Available from Mediforce, products include foot and leg balms, footbaths, foot deodorisers and powders, corn removers and anti-fungal products. A full range of POS material is available.

New from Pifco for the relief of arthritic feet and hands is the Wax Bath. Warm paraffin wax has been used by physiotherapists in hospitals and clinics for over 30 years to help arthritic pain. "The Pifco Wax Bath enables the user to treat their arthritic joints in the convenience of their own home," says Beverley Martin of Pifco. The Wax Bath retails at $99.99.

Also new is the Carmen Whirlbath Hydro Foot Massager. Used with or without water, the Whirlbath provides relief for tired, aching feet.

Scholl has launched a $60m holiday promotion offer. Consumers buying two packs from the Scholl foot care range before May 31 can save $120 on any holiday or cruise from brochures of participating tour operators. Point of sale material is available.

> **Treatment of leg ulcers alone costs the NHS $400m a year and takes up 60 pc of community nursing time**

Scholl has relaunched its foot care remedies range with new colour-coded packaging. All cartons are now one size, giving better use of shelf space. The Dual Action Foot File has been improved with an easier to grip handle and angled head, while the Bunion Protectors have new extra soft pads.

Wahl has introduced the Footcare system to give professional care to feet at home. The unit includes an electrically-driven band which files nails flat in one direction, the method advised by podiatrists. It can be used to treat corns and calluses, and to remove dry skin. The unit can be mains- or battery-operated.

Prevention rather than cure of verrucas is the message from FJH, manufacturer of Aqua-Rapid guardsocks. Made from 100 per cent natural latex, the socks prevent the feet making contact with contaminated wet surfaces in swimming pools and can also be worn by verruca sufferers to keep a dressing dry while swimming. The socks have a contoured shape for comfort, a slip-resistant sole for safety and they do not impede swimming performance. Aqua-Rapid guardsocks come in five sizes to fit most feet and are available from major wholesalers. The recommended retail prices are $3.31 per pair (zero rated VAT sizes) and $3.79 per pair (standard rate VAT sizes).

Leg care

Around six million people in the UK suffer from varicose veins, while half a million people will suffer from venous ulcers every year. Treatment of leg ulcers alone costs the NHS $400m a year and takes up 60 per cent of community nursing time. Even after successful treatment of ulcers, the recurrence rate is high – around 70 per cent. Pharmacists can play a vital role in advising patients on the correct use of compression hosiery and

Continued on P18 ▶

Who needs support hosiery?

- Anyone with a family history of varicose veins
- People whose jobs involve standing for long periods
- Pregnant women
- Older women and those with mobility problems
- Anyone who suffers from tired, aching legs and swollen ankles

Advice for healthier legs

- Take regular exercise. Walking is one of the best ways to exercise and strengthen the calf muscle pump, and improve the circulation, which can help prevent varicose veins
- When resting, raise the feet above the height of the hips
- Avoid tight clothing and make sure shoes fit properly
- Don't cross your legs when sitting down
- Give up smoking

◀ Continued from P17

bandages, helping to prevent varicose veins developing into venous ulcers and ensuring that venous ulcers don't recur once treated.

Support hosiery

The support hosiery market is thriving. Currently worth £50m, and up by 6 per cent last year, it is ahead of the regular hosiery market, says Robert Holder, business development manager at Scholl. "It used to only be acceptable for older women to wear support hosiery, but that's changing now," he says. While women with varicose veins account for about 50-60 per cent of wearers, many now wear them for the comfort benefits they provide. "Lycra has revolutionised support hosiery, making them softer and sheerer. The price of support tights has gone down, too, making them much more affordable," says Mr Holder.

> **Pharmacists can help customers by making sure they have patient advice leaflets to give out**

While women may have to wear support hosiery for medical reasons, that doesn't mean they will sacrifice comfort and style. "Women still need to feel that they look good. And while pharmacy staff need to understand the benefits of support hosiery, they could lighten up a bit – talk to customers about lifestyle benefits rather than health problems," suggests Mr Holder.

Scholl is planning to update the packaging of its support hosiery range and improve colours. "You'll find that the first thing a woman looks at when choosing any kind of hosiery is the colour – if that's not right, then she won't buy it," says Mr Holder.

A pressing matter

Venous leg ulcers are normally due to poor circulation in the legs and are most common in elderly women. Varicose veins that have been left untreated over the years can make the legs more vulnerable to venous ulcers. These are more painful than varicose veins, and can be more difficult to treat.

In recent years, the use of compression bandaging for the treatment of ulcers, and compression hosiery for aftercare and to prevent recurrence, has been recognised as a valuable treatment. "While compression bandages have, of course, been around for some time, they weren't available in a format that worked well on venous ulcers," says Angela Lyons, marketing executive at 3M Healthcare. "The health profession has driven this market forward and, thanks to new technology bandages, are now lighter to wear, less obtrusive and won't slip down like they used to. They also provide sustained compression, which is just as important in treatment as the level of compression used."

A study was recently carried out into the efficacy of Seton Healthcare's Setopress compression bandage with Lyoband foam padding systems, compared with the four-layer compression bandage system in the treatment of leg ulcers. The study found the healing times were similar in both systems. The advantage of the Setopress is that it can be washed and reused up to 20 times without losing its compression ability.

The compression bandage market is worth about £53m in total, but 70 per cent of that goes through hospitals. The community market is worth about £16m, says Ms Lyons.

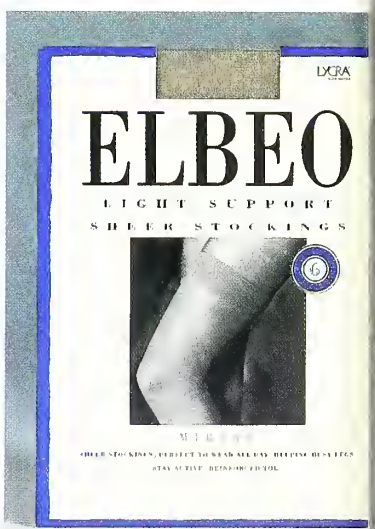
"Pharmacists can help customers by making sure they have patient advice leaflets to give out. They can help improve compliance by reassuring patients that if they wear the bandages correctly, they will see a definite improvement in a matter of weeks. They should also make sure that they have a good range of compression hosiery which they can recommend to patients to help prevent recurrence of leg ulcers."

Help venous ulcers to heal

- Walk as much as you can
- Put your feet up to get the blood flowing from your legs
- Place bricks or books under the foot of your bed to raise your legs while you sleep
- Flex your ankles as much as you can to keep the circulation going
- Eat a healthy diet
- Don't cross your legs as this slows the circulation down
- Try to avoid putting on weight
- Avoid tight shoes and clothing that restrict circulation
- Once the ulcer has healed, wear compression hosiery to prevent a recurrence

Aqua-Rapid guardsocks from FJH provides a barrier to foot infections such as verrucas. Made from 100 per cent natural latex, they have a contoured shape for comfort, a slip-resistant sole for safety and are available in five sizes to fit most feet

A recent study revealed that Seton Healthcare's Setopress compression bandage with Lyoband foam padding system was as effective at treating leg ulcers as the four-layer compression bandage system



Elbeo is the maker of light support hosiery. As style plays an important role in selection, Lycra has revolutionised support hosiery, making them softer and sheerer, and allowing women to look good as well as feel good

Product news

Scholl is offering consumers a free best-selling book, worth £5.99, when they buy either one pair of 753 Anti-Fatigue tights or two pairs of Scholl Lite Legs. The promotion runs until May. The manufacturer is supporting the promotion in pharmacies with a range of POS material.

Seton Healthcare has launched Tubigrip Sport, an elasticated tubular bandage to treat sports injuries such as sprains, strains or soft tissue injury. It is available in three sizes, with POS material available.

Customers today are more willing to complain than ever before. But that should not be a problem, providing pharmacists follow common sense procedures, as Tom Williams explains

Calming a storm

The old retailing motto that the customer is always right is designed to ensure retailers keep their customers happy. But consumers seem to have adopted the motto with a vengeance. They demand some form of redress, even when wrong.

Fifteen years ago, consumers who dared to complain were usually given short shrift. A 1982 survey by the National Consumer Council showed that retailers considered complainants as nuisances to be got rid of as quickly as possible. Someone who kept complaining might be threatened with the police.

Things have changed. The growth of the consumer movement has given people extra legal rights and made them aware of how they can use them. The recession – and a reaction against the excesses of the 1980s – has made people more anxious to get value for money and less willing to tolerate shoddy goods or poor service. Tight consumer spending has meant suppliers have had to respond positively.

Citizen's Charter

Even the Government has been affected. The most obvious example is the Citizen's Charter, but an awareness of the importance of complaint handling is reflected in several Government initiatives. The Wilson Committee's recommendations have led to reform of the NHS complaints procedure, which means providers of NHS pharmaceutical services are required to have a complaints procedure in place at practice level.

It is easy to see consumers' new-found assertiveness in negative terms. In fact, the new consumer consciousness can benefit pharmacists. In the good old days, dissatisfied customers simply went elsewhere. Now, they complain. Having complained, they are more likely to continue using you than if they suffered in silence. In the jargon of sociologists, there is a choice between 'voice' and 'exit' – few people use both strategies.

This means you should definitely encourage complaints. At the least, your shop should have a sign asking customers to let the manager know if they have any comments. The new NHS procedures require that this is publicised, at least through a section in the practice leaflet.

Deal with complaints early. Before people complain, they will often make some remark. This is well short of a complaint, but it should be picked up on. Make sure your staff are responsive to customers concerns and that they let you know of any problems they cannot resolve themselves. You must emphasise that keeping you informed about problems is part of their job.

Most complaints will be verbally unstructured and often expressed in forceful language. Far from reflecting a casual attitude, people use such language in an unconscious attempt to show how strongly they believe in the rightness of their complaint.

Listen to complaints expressed in such a way and respond calmly. Do not try to cut people off, or suggest that they come back when they have calmed down, or that they write to you with their complaint. Instead, make eye contact, nod and allow them to express their complaint in their own words. Making notes is helpful, not only for your own use but as visible proof that you are listening. Then repeat back the essence of their complaint to make sure that you both understand what the complaint is about.

Once everyone has calmed down, most complaints are easily sorted out. People want to be taken seriously, to be given an explanation of what went wrong, and an apology and assurance that things will be put right. Sometimes, a simple refund will do, but it is dangerous to assume that people just want money. When one leading pharmacy sold me a child's hot water bottle that leaked, the replacement, though welcome, did not reassure me that the store was properly concerned about safety. The best solution is to offer to work with the complainant to sort out a solution. Most people have reasonable demands and they will respond positively if you approach them openly.

If a complaint cannot be resolved, the consumer involved must be clear about the options available. If you work in a large organisation, your business is likely to have a multi-stage complaints procedure. You should know the procedure and make sure that the consumer knows who to go to next if things have reached deadlock with you.

For many smaller businesses, though, a multi-stage procedure is not an option. Pharmacists are obliged to tell people complaining about NHS treatment that they can go to their health authority. Members of the National Pharmaceutical Association might want to get advice from the NPA before the authority is involved. The NPA's deputy director, John D'Arcy, assures his members that "we are here to help". It is in everyone's interests that things be sorted out without involving the health authority, if this can be done.

Potential problems

Remember that complaints should be used as a way of identifying and correcting potential problems, as well as dealing with consumers. You need to keep a written record of complaints and spend some time analysing them so that you can identify particular situations that create a disproportionate number of problems. In all but the smallest businesses, it is worth having a standard form for recording complaints. This ensures that people do not forget to cover key areas and makes it easier to analyse the pattern of complaints because information is recorded in a standard way.

The change in consumer attitudes means that complaints won't go away. Your best response is to learn to love them.

COMING EVENTS

MONDAY, JANUARY 13

North Metropolitan Branch RPSGB
School of Pharmacy, Brunswick Square, London WC1, 7.30 for 8.00pm. 'New Age Pharmacy' by C Gray, RPSGB, and J Stanley, North and South Essex LPC.

TUESDAY, JANUARY 14

Oxford Branch, RPSGB
PGMC, John Radcliffe Hospital, Oxford, 8.00pm. 'Blood Lipids' by Dr David Matthews, consultant physician, Radcliffe Infirmary.

Fife Branch, RPSGB
Visit to the new Fife Police Headquarters, Glenrothes, 7.30pm.

Herts Branch, RPSGB
PGMC, QEII Hospital, Welwyn Garden City, 7.30 for 8.00pm. 'Treatment of multiple sclerosis' by Dr J Gibbs, consultant in neurology.

South Lincs Branch, RPSGB
The Lincolnshire Oak Hotel, East Road, Sleaford, Lincolnshire, 7.30 for 8.00pm. 'Aromatherapy – the essential facts' by Geoffrey Lyth, chairman Aromatherapy Trade Council, and Sue Charles, clinical aromatherapist.

Bristol Branch, RPSGB
Southmead PGMC, 7.30 for 8.00pm. 'Anticoagulation – pharmacists taking the lead' by Jan Warwick, Bristol Royal Infirmary.

WEDNESDAY, JANUARY 15

Stirling Branch, RPSGB
Education and Conference Centre, Stirling Royal Infirmary, 8.00pm. Lindsay Wilson, a clinically-trained aromatherapist.

THURSDAY, JANUARY 16

North Scottish Branch, RPSGB
Golf View Hotel, Seabank Road, Nairn, 8.00pm. Joint meeting with Moray and Banff Branch. 'Current pharmaceutical affairs' by Hemant Patel, Council member, RPSGB.

Bath Branch, RPSGB
Gainsborough Room, Pratts Hotel, Bath, 8.00pm. 'MSRA & VRE and their spread and control' by Diana White, consultant microbiologist, RUH, Bath.

West Herts Branch, RPSGB
PGMC, City Hospital, Normandy Road, St Albans, 7.30 for 8.00pm. 'Paracetamol poisoning' by Roger Jones, OBE.

Wirral Branch, RPSGB
PGMC, Clatterbridge Hospital, Wirral. 7.30 for 8.00pm. John Malone from the Wirral Trading Standards Office.

Lanarkshire Branch, RPSGB
Old Mill Hotel, Motherwell, 8.00pm. 'Breastfeeding – a guide to pharmacists' by Jenny Warren, breastfeeding adviser.

Eastbourne Branch, RPSGB
Sara Hampson Room, Eastbourne District General Hospital, 8.00pm. 'The role of the respiratory nurse specialist' by Quentin Sayer, respiratory nurse specialist at the Eastbourne District General Hospital.

L Rowland launches accounts service

L Rowland, which runs pharmaceutical wholesale depots and a chain of pharmacies, has launched an accounts service for independent pharmacists.

The service comprises three modules: quarterly management accounts and advice, which costs £500 per annum; calculating a pharmacy's payroll, £250pa; and calculating monthly VAT returns, £250pa.

Pharmacists must pay for the first module before they can choose options two and three.

David Cole, managing director of Rowland's wholesale business, says the scheme is partly designed to show pharmacists how well they are doing compared with the industry trend, particularly over their NHS payments. It will also provide up to date financial information about their businesses, he says, enabling them to monitor any changes they make.

Most pharmacies, says Mr Cole, do not receive a set of accounts until 18 months after the start of their financial year.

The service is open only to Rowland's first-line wholesale customers in its core distribution areas: Wales, the Wirral, Cheshire and Lancashire. That is because the company needs the purchasing data from its wholesale business to determine whether the independent pharmacists concerned are beating the clawback.

Mr Cole has been setting up the scheme for 15 months. The idea, he says, came partly from listening to independents.

"It struck me that each time we met pharmacists they were always asking each other how they were doing. Because they work in isolation, it's difficult for them to get an idea of the trends of other pharmacists' margins and on how others are doing generally," he says.

He also drew inspiration from the grocery sector, where wholesalers have been offering such a service to independents for years.

The service, he says, will also reduce pharmacists' accountancy charges, because it does a lot of the groundwork normally covered by their accountants.

To prepare the pharmacists' accounts, Rowland would need certain information, such as a copy of the previous year's financial accounts, copies of VAT returns and supporting documents, copies of relevant bank statements, copies of the cash book summarising financial transactions and details of wages paid to staff.

Rowland has tested the service for 12 months with two community pharmacists: Wirral-based Paul Murphy and Wrexham-based Owen Jones.

Robert Cole (left), director of L Rowland's management accounts service, with Owen Jones

Lloyds battles against bid uncertainty

Lloyds Chemists' group sales rose 8.9 per cent for the second quarter to December 31, 1996, and its sales for the six months rose 8.5 per cent to £609.6 million (unaudited), compared with the same period last year.

However, Lloyds admits that its profits remain depressed by uncertainty over its future and by the costs associated with the rival bids.

It has also had to pay extra to ensure key staff do not leave as the acquisition race reaches its final hurdle.

Lloyds will be writing to its shareholders soon after January 17 – the final deadline for higher bids from Gehe and Unichem – to recommend which bidder they should choose.

Meanwhile, its pharmaceutical sales rose by a "satisfactory" 12.1 per cent during the quarter.

Pharmacy sales also grew 3.4 per cent, reaching £264.5m for the six months. Lloyds says NHS margins remain under pressure.

Sales of cold and flu remedies rose during the final two weeks of the quarter.

Holland & Barrett's sales also rose 14.6 per cent during the quarter, while its first half sales grew 16.8 per cent to £50.8m.

Lloyds' health and beauty sales, spurred by a good Christmas, grew 6.6 per cent during the quarter. However, they fell 2.5 per cent to £28.8m during the first half, compared with the same period last year.

Farillon, an agency distributor of pharmaceuticals, and Daniels Enterprise, which supplies OTC brands to independent pharmacists, enjoyed "strong growth". Martindale, Lloyds' pharmaceutical manufacturer made sound progress.

Gehe advises Unichem to buy back shares

Gehe has told Unichem's shareholders that Unichem should buy back some of its own shares instead of trying to acquire Lloyds Chemists.

In a circular sent to Unichem's and Lloyds' shareholders, Gehe says that the British wholesaler's earnings would grow 13 per cent if it bought back 20 per cent of its shares.

The German company has often claimed that Unichem's earnings would be diluted if it acquired Lloyds.

Unichem, in turn, has constantly stressed that the acquisition will have financial benefits. During the first 12 months after the acquisition, it says, its cost savings and revenue benefits should realise £15 million, rising to £20m thereafter.

As Unichem and Gehe have until January 17 to post a final offer, speculation is growing over their next moves.

At the time that *C&D* went to press, Lloyds' shares had risen 4p to 514p, which means the City expects a higher bid from at least one of the companies.

Clinphone receives £3.3m

Mercury Asset Management's private equity division and HSBC Private Equity have invested £3.3 million in Clinphone, a company that provides clinical research services to pharmaceutical and contract research companies.

Small firms aid

The Regional Enterprise Grant scheme has been merged with other schemes run by the Department of Trade and Industry to help small businesses. Small firms should find it easier to apply for grants, according to the DTI.

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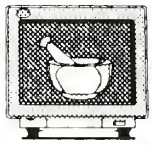

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TRADE LESS 35%+VAT - 36 Osmolite 1 litre (exp 2/97), 20 Ensure plus 1 litre. Tel 0181-985 1717.

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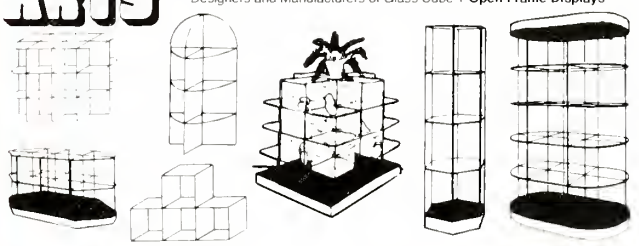

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ABOUTpeople

African adventure

Pharmacist Peter Cipolla, 26, is travelling to the Tambora region of Tanzania in July to help construct a health centre.

Mr Cipolla, who divides his time between Andrews Pharmacy, Ware, and Ware & Cross Pharmacy, Hoddesdon, has to raise £3,000 to fund his trip with the charity, Health Projects Abroad. So far he has collected £700.

"I have always wanted to do something like this. This experience could lead to me returning to practise pharmacy in Africa in the future, as I'm still fairly young," says Mr Cipolla.

To raise money he intends to perform a bungee jump, when the weather is warmer, and to shave his head – just before he travels to Africa to avoid scaring his customers!

He will spend three months on two separate sites digging foundations, plastering and doing building work in general.

Anyone wishing to sponsor Mr Cipolla can contact him on 01920 462239.

New national No Smoking Day campaign award

Next year's No Smoking Day campaign on March 12 will see the launch of a national pharmacy award scheme to commend high standards of smoking cessation advice and support given to customers by pharmacists and pharmacy assistants.

The winning pharmacy stands to receive a £100 gift voucher and a No Smoking Day certificate.

The campaign is offering pharmacists free No Smoking Day packs to help them educate customers on smoking cessation. The kits include fact sheets, colourful stickers, information leaflets, a poster and handouts for customers to read.

Readers interested in receiving a campaign pack should contact Justine Leonard in the No Smoking Day campaign office on 0171 413 1919.

The Pharmacy Healthcare Scheme will distribute entry forms to all pharmacies in mid-January.

Pharmacists or pharmacy assistants wishing to participate need to send a completed entry form, together with details of the standard of advice and counselling given to customers wanting to give up smoking.

Entries should be sent to NSD Pharmacy Awards, c/o Munro & Forster, 37 Soho Square, London W1V 5DG by February 12.

The first students to be awarded MSc degrees in community pharmacy at the Queen's University of Belfast have been presented with their certificates at a university ceremony. Three of the six students to graduate, Michael McVeigh, Grainne O'Reilly-Smyth, Terry Maguire (course tutor) and Peter Goldsmith are pictured left to right just after the ceremony. Mrs O'Reilly-Smyth is becoming a pharmaceutical adviser to her husband's GP practice in County Fermanagh

Pharmacists feature in New Year Honours

Jennifer Blunt was awarded an OBE for services to medical research ethics

Jennifer Blunt, a locum pharmacist, of Whitefield, Manchester, has received an OBE for services to medical research ethics in the New Year's Honours List.

Mrs Blunt chaired the Salford research ethics committee for ten years until last year, after serving on various community health council committees. She was a founder member and chairman of the Salford CHC and vice chairman of the Salford Health Authority before it merged with Trafford.

Ann Lewis, former president of the Royal Pharmaceutical Society, was awarded the OBE, as well.

Gordon Hourston, former chairman and managing director of Boots the Chemists, has been made a knight bachelor for services to industry and the armed forces. He is chairman of the Armed Forces Pay Review Body.

Brian Richards, co-founder of British Biotech and chief executive of Peptide Industries, has been knighted for services to the biotechnology industry.

D H Calam, vice chairman of the British Pharmacopoeia Commission, also received an OBE.

Three wise Mr (PharmS) Men of Ashdale Pharmacy in Uppingham, Rutland. (L-r) Mr Happy (aka Mike Johnstone), Mr Greedy (John Steward) and Mr Sneezy (Gary Dobrin) dressed up for a special theme night to raise money for local charities. Following the announcement of the 1996-97 pay settlement, all three thought that Mr Grumpy should have joined the party, but, in the end, the spirit of goodwill prevailed, even unto the Government, said Mr Happy

APPOINTMENTS

Roger Jones OBE, managing director of Penn Pharmaceuticals, is the new BBC national governor for Wales.

AAH Pharmaceuticals has three new business development managers. **David Oliver** will manage accounts in the central and south London areas; **Julie Aitchison** Glasgow and West Coast of Scotland; and **Amanda Brown** Edinburgh. Meanwhile, **Brian Fisher** has been appointed commercial manager at the company's Glasgow branch.

BIC Razor Division has appointed **Marc Pinner** as product manager, razors.

Charlotte Keywood has joined Vanguard Medica as clinical development physician. **Christine Siepl** and **Carol Priestley** are new clinical development managers, and **Carole Nicholls** joins as clinical development associate.

Swallowfield has appointed two new non-executive directors to its board. **Richard Organ**, currently managing director at Jaeger, and **Jennifer Bryant-Pearson**, a member of the SW Regional Council of the CBI. She has worked in the communication industry, as well as in general management.

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Proctocream HC:

giving a comfortable proposition for you and your customers ...

Piles are a common complaint, around 1.5 million people see their doctor for this condition every year. This is just the tip of the iceberg, as only 29 per cent of sufferers visit a doctor for treatment. Many people are too embarrassed to seek help. In the UK, one in three will actually suffer from piles at some point in their lives, but few will admit to being a sufferer.

The OTC haemorrhoid market has grown as a direct result of people seeking self-medication,with a year on year growth of 9 per cent.

People who suffer the torment of rectal pain often describe piles as a burning sensation, coupled with irritation, itching and soreness. These symptoms are mentioned by 25 per cent of sufferers.. Until recently, there has not been any OTC cream to offer fast and effective relief against swelling and pain.

Stafford-Miller has a long history of providing treatment in the prescription haemorrhoid sector. The increasing demand for an OTC product to combine an anti-inflammatory and an anaesthetic was recognised by Stafford-Miller, who in August, 1996, launched a unique dual-action OTC product, called Proctocream HC. Proctocream HC has been specially developed to have a good safety profile, while also giving maximum relief to the sufferer, with its combination of hydrocortisone acetate and pramoxine hydrochloride as active ingredients.

So why hydrocortisone acetate? It is a naturally-occurring steroid in humans and its highly-insoluble acetate form means little risk of unwanted systemic side-effects. It is the only steroid available for OTC topical use in this therapeutic area. Hydrocortisone has been clinically evaluated for its anti-inflammatory and antipruritic (itching) effects in the colon and rectum[1]. The 1 per cent hydrocortisone contained in Proctocream HC is the maximum permissible OTC for a haemorrhoid treatment.

So why pramoxine hydrochloride? Importantly, it is a highly-effective topical anaesthetic. It combines high potency with low systemic toxicity, and possesses a low sensitising potential[2]. In addition, it does not produce apparent irritation to skin and mucous membranes as may occur with other topical anaesthetics[3].

Proctocream HC alleviates the symptoms of piles, and is indicated for the symptomatic relief of pain, swelling, irritation and itching associated with uncomplicated internal and external piles and *pruritus ani*.

Proctocream HC only costs the consumer $3.79 for a 15g tube (less than the price of a prescription), which will last for up to seven days. It is recommended that if symptoms persist longer than seven days, you should consult your doctor. Those who should not be treated with Proctocream HC are the under-18s, pregnant women and those who are breastfeeding. The pearlescent white cream has been specially developed to be pleasant to use, giving maximum relief without the added problems of staining underclothes.

If you have a customer who lives with the nightmare of itchy, burning piles, recommend the unique OTC, fast, effective, dual-action cream for piles, Proctocream HC.

Proctocream HC

Who should use Proctocream HC?

Those who suffer from uncomplicated internal and external piles and pruritus ani.

Who should not use Proctocream HC?

Those who are pregnant or breastfeeding, and people under the age of 18. If symptoms persist longer than seven days or worsen, then sufferers should see a doctor.

Why should I recommend Proctocream HC?

- Unique OTC dual action cream.
- First OTC pile cream to combine 1 per cent hydrocortisone acetate and 1 per cent pramoxine hydrochloride.
- Fast and effective in relieving pain, itching and swelling of piles.
- Low risk of unwanted side-effects, with short-term use.
- Pramoxine hydrochloride combines high potency with low toxicity and low sensitising potential, and is less sensitising than most other local anaesthetics.
- Hydrocortisone acetate has low risk of systemic side-effects due to low absorption.
- Costs less than a prescription.

Always read the label

References

1 *Sladek W R. AJCR, 1970:1:33-40.* **2** *Schmidt J L et al. Anaesth Analg. 1953;32:418.* **3** *Fisher A A. Cutis. 1980;25(6):584-625.*

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